



Government of West Bengal
Department of Health & Family Welfare
District Health & Family Welfare Samiti
BISHNUPUR HEALTH DISTRICT
At-Bishnupur, Dist.-Bankura. PIN-722122

Phone No- 03244-256753

Email-cmoh.bsnpr@gmail.com

Memo No. DH&FWS/BHD/1612/2020

Date: 28.09.2020

CORRIGRNDUM

In reference to the Order No Memo No: DHFWS/ BHD/1595 dated 25.09.2020, the candidates for the post of Covid Volunteers must be a resident of Bishnupur Health District only. The candidates from other districts will not be allowed for the interview which is to be held on 30.09.2020. Other parts of the Interview Notice will remain the same.

This is for the interest of the public services.

CMOH & Member Secretary
District Health & Family Welfare Samiti
Bishnupur Health District, Bishnupur, Bankura

Memo No. DH&FWS/BHD/1612/1(7)

Date: 28.09.2020

Copy Forwarded for information to:

1. The Chairman, District Recruitment Committee, Bishnupur Health District, Bankura.
2. The Director of Health Services, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
3. The Mission Director -NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
4. The Programme Officer, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
5. The IT Coordinator, Swasthya Bhawan with request to upload the notice at wbhealth.gov.in website.
6. The Dy. CMOH-II, Bishnupur Health District
7. The District Programme Coordinator, Bishnupur Health District.

CMOH & Member Secretary
District Health & Family Welfare Samiti
Bishnupur Health District, Bishnupur, Bankura

OF HEALTH & FAMILY WELFARE
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
BISHNUPUR HEALTH DISTRICT
BISHNUPUR, BANKURA
PIN-722122

Phone No-03244256753

E-mail: cmoh.bsnpr@gmail.com

Memo No. DH&FWS/BHD/1595

Date: 25.09.2020

INTERVIEW NOTICE

A **Walk-In-Interview** will be conducted on **30.09.2020(Wednesday)** at **12:00 PM** for the post of **COVID Volunteers** under Bishnupur Health District to render service for COVID-19 related duties for a period of **two months** from the date of their joining for monthly remuneration of **Rs. 10,000**.

Essential Qualification: **Madhyamik Pass**

Age: **Upto 40 years**

Time of reporting for registration: **11:00 AM to 12:00 PM**

Candidates must attend the interview with all original documents in relation to educational qualification, identity proof, age proof and residential proof with one set of photocopy of all the documents with self attestation.


25/9/2020
CMOH & Member Secretary

District Health & Family Welfare Samiti
Bishnupur Health District, Bishnupur, Bankura

Memo No. DH&FWS/BHD/ 1595 / 1(9)

Date: 25.09.2020

Copy forwarded for information and necessary action to:-

1. The MOS & Chairman, District Recruitment Committee, Bishnupur Health District, Bankura.
2. The Director of Health Services, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
3. The Director of Health Services, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
4. The Director of Medical Education, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
5. The Mission Director, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
6. The Programme Officer, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
7. The District Magistrate, Bankura.
8. The Dy. CMOH-II, Bishnupur Health District, Bankura
9. The District Programme Coordinator, Bishnupur Health District.


25/9/2020
CMOH & Member Secretary

District Health & Family Welfare Samiti
Bishnupur Health District, Bishnupur, Bankura

**GOVERNMENT OF WEST BENGAL
DISTRICT HEALTH AND FAMILY WELFARE SAMITI
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
BISHNUPUR HEALTH DISTRICT, BISHNUPUR, BANKURA**

APPLICATION FORM

To
The Member Secretary & CMOH
District Health Family Welfare Samiti
Office of the CMOH
Bishnupur Health District,
PO-Bishnupur, Dist.-Bankura
Pin-722122.

Affix recent
passport size
photograph duly
self attested

1. Post applied for:
2. Serial No. of Post :
3. Name (In capital letter):
4. Father's / Husband Name :
5. Address for communication: C/O
- Village/ Town/ Road:
- Post Office: P.S
- Dist Pin
6. Date of Birth (DD/MM/YYYY):.....
7. Age as on date of Advertisement:
8. Sex: Male / Female /Others (Please tick)
9. Marital Status: Married /Unmarried (For married female candidate Marriage Registration Certificate is required to be attached)
10. Nationality:
11. Voter ID no/ Aadhar no:
12. E-mail id
13. Mobile No (if any):
14. Category: (please ✓ in box)

Gen	SC	ST	OBC-A	OBC-B	Others

15. Educational Qualification:

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1						
2						
3						
4						
5						
6						

16. Professional / Technical / Computer Knowledge:

Sl. No.	Name of Course	Name of institute/Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade

17. Experience: Yes/No (if yes, filled the details)

Name of the Post	Name of the Organization	Govt/ Private	duration		Total Experience (in months)
			From	To	

18. Enclosure:

Sl.No.	Documents (self attested Xerox copy)	Name of the authentic document	Documents Submitted (Yes/No)
1	Age Proof		
2	Residential proof		
3	Caste Certificate		
4	Secondary passed along with mark sheet		
5	HS passed along with mark sheet		
6	Graduation passed along with mark sheet		
7	Post Graduation passed along with mark sheet		
8	Mark Sheet, Certificate in computer/technical/ professional knowledge of qualification		
9	Experience certificate		
10	Others (if any)		

DECLARATION:-

I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:

Place:

(Full signature of Applicant)