



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

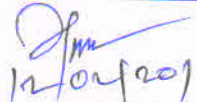
Memo No. DH&FWS/BHD/ 2660

Date: 12.02.2021

**RECRUITMENT NOTICE**

Applications are invited from eligible candidates for engagement of different categories of staff under District Health & Family Welfare Samiti, Bishnupur Health District (on contractual basis) from 12.02.2021 to 05.03.2021. The details are given below:

Sl. No	Name of Post	No of post category wise	Essential Qualification & Experience	Mode of Selection	Age as on 01.01.2021	Remuneration
1.	Hospital Attendant (NPHCE)	UR-1 SC -1	Matriculation with at least 2 years experience of working in a hospital.	<b><u>TOTAL MARKS-50</u></b> 1.Matriculation-35 2.Interview-5 3.Experience-10	Up to 40 years (Relaxation will be given as per government rule)	10,000/- (Monthly Consolidated)
2.	Sanitary Attendant (NPHCE)	UR-1 SC -1	Matriculation with at least 2 years experience of working in a hospital.	<b><u>TOTAL MARKS-50</u></b> 1.Matriculation-35 2.Interview-5 3.Experience-10	Up to 40 years (Relaxation will be given as per government rule)	10,000/- (Monthly Consolidated)

  
12/02/2021  
Member Secretary & CMOH  
District Health & Family Welfare Samiti  
Bishnupur Health District, Bishnupur, Bankura

**General Condition:-**

1. Prescribed application format and other details i.e. eligibility etc is available by downloading from the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in) . No other format of application form will be entertained/ accepted.
2. Demand Draft (DD): An amount of Rs. 100/- only for UR Category and Rs. 50/- only for reserved category through Demand Draft issued from any Nationalized Bank in favour of " DHFWS BHD (MISC.)" payable at service Branch "Bishnupur", must be submitted along with the application.
3. Name of the applicant, Name of the post must be written in back side of Demand Draft. Demand Draft is subject to non refundable.
4. Complete application along with self attested all testimonials in support of age, qualification, experience, residence etc must be submitted to the **The Chief Medical Officer of Health, Bishnupur Health District, PO-Bishnupur, Dist.-Bankura. PIN-722122 by speed post only** so that the same must reach the CMOH Office on or before 05/03/2021 (Friday) up to 4.00 PM. **No application will be received thereafter.**
5. Sl. No. & Name of the Post must be super-scribed on the top of the envelope in **CAPITAL LETTERS.**

6. Incomplete applications in any respect are liable to be rejected. No representation against such rejection shall be entertained.
7. For eligibility criteria, application form and other details please visit the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in).
8. The Recruitment Committee reserves the right to cancel candidature of any applicant or entire engagement process without assigning any reason.
9. Appointment / joining letter will not be treated as Experience Certificate. Voluntary services will be not treated as Experience Certificate. Experience certificate must consist of name of organization, employee name, name of post, place of posting, type/nature of work, date of joining, date of leaving or still continuing, otherwise the experience will be treated as cancelled.
10. Only Short listed candidates will be called for Interview.
11. Any eligible candidate willing to apply for more than one post will have to submit separate application along with requisite application fees thereof.
12. Applicants are requested to visit [www.wbhealth.gov.in](http://www.wbhealth.gov.in) at the URL "Recruitment/Notice" regularly for instruction/ information issued from time to time.



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

**Memo No. DH&FWS/BHD/ 2660/1 (1A)**

**Date: 12.02.2021**

**Copy forwarded for information and necessary action to:-**

1. The Hon'ble MIC & 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 Medical Education, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
4. The Mission Director, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
5. The District Magistrate, Bankura.
6. The Programme Officer-I, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
- 7-11. The Dy. CMOH-I/ Dy. CMOH-II/ Dy. CMOH-III/DPHNO/AO, Bishnupur Health District, Bankura
12. The HR Cell, SHFWS, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
13. The IT Cell, Swasthya Bhawan with request to upload the notice at [wbhealth.gov.in](http://wbhealth.gov.in) website.
14. The District Programme Manager/ District Statistical Manager, Bishnupur Health District.



**Member Secretary & CMOH**  
**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.....  
Vill/ 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: .....
14. Category: ( please ✓ in box)

Gen	SC	ST	OBC-A	OBC-B	Others

15. 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



**16. Educational Qualification:**

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

**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)	Documents Submitted (Yes/No)
1.	Age Proof	
2.	Residential proof	
3.	Caste Certificate	
4.	Secondary passed along with mark sheet	
5.	Higher Secondary passed along with mark sheet	
6.	Graduation passed along with mark sheet and certificate	
7.	Post Graduation passed along with mark sheet and certificate	
8.	Mark Sheet, Certificate in computer/technical/ professional knowledge of qualification	
9.	Joining letter/ appointment letter	
10.	Experience certificate	
11.	Driving license (for the post of PPM coordinator)	
12.	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)