

**GOVERNMENT OF WEST BENGAL**  
**OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH**  
**Kalyanpur Satellite Township, Beside CWC Office, Asansol-713305**  
**Paschim Bardhaman**

Phone No 0341-2970016

Mail Address: [cmoh.asnsl@gmail.com](mailto:cmoh.asnsl@gmail.com)

Memo No:- **DH&FWS/ASL/384**

Dated: **17.7.2020**

**Recruitment Notice**

Application are invited for engagement on contractual basis of **02 (Two) Senior Tuberculosis Laboratory Supervisor (STLS)** and **03 (Three) Laboratory Technician (LT)** for District under NTEP ( RNTCP) of Paschim Bardhaman.

Designation	Vacant Posts	Essential qualification / Requirement	Preferential Qualification	Remuneration	Age limit
Senior Tuberculosis Laboratory Supervisor (STLS)	<b>Total 02 (Two) (SC-1, UR-1)</b>	1. Graduate 2. Diploma in Medical Laboratory technology or equivalent from a govt. recognized institution. 3. Permanent two wheeler driving license & should wheelers 4. Certificate Course in computer operation ( minimum 2 months)	Minimum one year experience in RNTCP	Rs. 17720/-	22-40 years as on 01/01/2020 (Relaxation as per Govt. norms)
Laboratory Technician (LT)	<b>Total 03 (Three) (UR-1, SC-1, ST-1)</b>	1. Intermediate (10+2) and Diploma or certified course in Medical Laboratory Technology or equivalent	1. One year experience in RNTCP or Sputum smear microscopy 2. Candidates with Higher qualification ( for example Graduates) shall be preferred	Rs. 17220/-	22-40 years as on 01/01/2020 (Relaxation as per Govt. norms)

**Applicants should have at least 50% marks in all requisite qualification.**

The initial contract period will be up to 31-Mar-2021 and it may be renewed for further period depending on need and performance of the candidates. The applicants should be preferred if **residence of Paschim Bardhaman**. Desiring candidates may walk-in with attached **prescribed format only along with attested (self) photocopies** of all testimonials including **proof of age, mark sheet & educational certificates of all examination passed ( Educational & Computer Applications), working experience certificates (with appointment letter) on the health or health related activities, voter photo ID card/ration card/Adhar Card for proof of residence, SC/ST/OBC-A/B/PH certificate from competent authority and one passport size photograph duly signed by the candidate . Also bring all the Original Documents which attached at the time of walk-in for verification at the Office of the Office of The District Tuberculosis (old CMOH Office Building), Dhakin Dhadka PHC Building Campus, Kalla Bypass crossing, Beside NH2, Domohani Road, Asansol-713340, Paschim Bardhaman. Walk-in Interview date **4.8.2020 and 5.8.2020**.**

Candidates will be short listed based on the marks obtained in academic qualification and experience. For application format and further details contact CMOH Office, Paschim Bardhaman/ DTO Office, Paschim Bardhaman or visit [www.bardhaman.nic.in](http://www.bardhaman.nic.in) or [www.wbhealth.gov.in](http://www.wbhealth.gov.in) .A panel will be prepared for posting in future vacancy if any within next one year.

  
Chief Medical Officer of Health & Secretary  
DH& FWS, Paschim Bardhaman

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**APPLICATION FORM**

To  
The CMOH & Secretary  
DH& FWS, Asansol  
Paschim Bardhaman

(To be filled in by the candidate in Block Letter)

Self Attested  
Passport Size  
recent photo

1. Post Applied for: .....
2. Name of the Candidate: .....
3. Father's/Guardian's Name: .....
4. Date of Birth: .....(DD/MM/YYYY)
5. Age as on (date of Advertisement): .....
6. Caste & Categories: General/SC/ST/OBC-B/PH(Please Click)
7. Address for Communication:  
C/O: .....  
Vill/Town/Road: .....  
P.O: ..... P.S: .....  
District:..... PIN:.....
8. Contact Number: .....
9. Driving license no. (If applicable): .....
10. Email ID: .....
11. **Academic Qualification:**

Sl No	Exam passed	Board/Institution/University	Year of Passing	Marks Obtained	Total Marks	%of Marks

**12. Professional/ Technical/ Computer Knowledge :**

SI No	Course Name	Institute Name	Affiliated By	Course Duration	Passing Year	Course Contains	%of Marks/ Grade

**13. Experience in Govt Sector/ Private Organization ( must have appointment letter and experience certificate:**

Designation	Name of Organization	Govt/ Private	Duration		Total Experience
			From	To	

**Declaration :**

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it's found to be incorrect than I understand that my candidature is liable to be cancelled without any further information to me.

Date:

Place:

(Full Signature of the Applicant)