

GOVERNMENT OF WEST BENGAL
DISTRICT HEALTH & FAMILY WELFARE SAMITI
OFFICE OF THE CMOH, PASCHIM MEDINIPORE

No. DH&FWS-Mid(W)/NHM/2020/

5956

Dated :

31.7.2020

WALK-IN-INTERVIEW

ENGAGEMENT OF CONTRACTUAL MEDICAL OFFICERS FOR DIFFERENT PROGRAMME under NATIONAL HEALTH MISSION UNDER PASCHIM MEDINIPUR DISTRICT

No. of Vacant Post: 04 (FOUR) FOR BPHCS & PHCS- M.O., NHM ✓

02 (TWO) FOR NTEP AT DISTRICT HEAD QUARTERS- .M.O. (NTEP) & DTC

01 (ONE) FOR UPHC AT GHATAL MUNICIPALITY- FTMO(UPHC), NUHM

Qualifications: MBBS from any recognized university affiliated by MCI

Consolidated Pay Rs. 40,000/- P.M.

VENUE: Office chamber of the CMOH, Paschim Medinipur, Zilla Swasthya Bhawan, Saratpally, Midnapur Town, Paschim Medinipur

DATE : ✓ 19/08/2020 Reporting Time: 10.30 A.M.

AGE: ✓ upto 65 YEARS

Details to be available from the office of the CMOH, Paschim Medinipur, Zilla Swasthya Bhawan, Saratpally, Midnapur, Paschim Medinipur on any working day from 11-30 A.M. to 4-30 P.M. and www.wbhealth.gov.in

Interest candidates may attend the Walk-in-Interview with filled up Proforma (attached herewith) on the date mentioned above with all testimonials in r/o the above post in original and Xerox copies including Photo Identify proof.

Member Secretary, DH&FWS
& CMOH, Paschim Medinipur

[Signature]

meant 31.7.2020

[Handwritten signature]
31/7/2020

Proforma to be pre-filled up and submitted on the date of walk-in interview supported by corroborative document (Original with attested Xerox copies)

1. Name :.....
2. Father's/ Guardian's Name:.....
3. Date of Birth : :/...../.....(DD/MM/YYYY)
4. Sex (Male/Female) :
5. Cast & Category : General/SC/ST/OBC-A/OBC-B/PH :
6. Registration Number:.....
7. Name of the Medical Council : (Registration certificate must be submitted)
8. Details of present employment and designation (in any) :
9. Academic records : (Self attested copy of marksheet must be submitted with the application):

Self attested
Passport
size
photograph

Examination	Board/University	Year of Passing	Marks obtained	Out of Total Marks	% of Marks	Chances taken to pass
1st MBBS						
2 nd MBBS						
3 rd MBBS						
Diploma						
PG degree						
Any other qualification						

10. Details of past employments and experiences (should include the name of employer, place of employment, employment tenure and nature of job)

11. Address:-

12. Mobile Number:.....

13. Any other relevant information or extra curriculum activities.

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 is found to be incorrect than I understand that my candidature for contractual recruitment of the post of General Duty Medical Officer is liable to be cancelled without any further information to me.

Date & Place:-

Signature of the Applicant and Designation.