



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/ 1534

Date: 22.09.2020

**NOTICES FOR WALK-IN-INTERVIEW OF PHLEBOTOMISTS-Phase II**

A **Walk-In-Interview** will be conducted on **30.09.2020(Wednesday)** at **12:00 PM** for **03(three)** vacant post of **PHLEBOTOMISTS** for different "**SAFE HOMES**" under **Bishnupur Health District** for collection of Blood samples from COVID patients in accordance with COVID-19 management protocol. **Reporting Time-11:00AM.**


They will be engaged purely on a casual and temporary basis and will be paid an amount not exceeding Rs. 5000/- (Rupees five thousand) per month for a period up to March, 2021(no work no pay policy). They maybe removed any point of time because of unsatisfactory performance/ lack of regularity/ improper behavior.

**Essential Qualifications:**

1. Passed madhyamik or equivalent examination.
2. Successful completion of training course in Phlebotomy or recent working experience of at least one year as phlebotomist.

The candidates must bring the complete Application Form along with self attested all testimonials in support of age, qualification, experience, residence, etc.

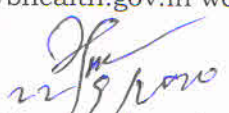
**Date of Interview: 30.09.2020 at 12:00PM** at the office of the Chief Medical Officer of Health, Bishnupur Health District, PO-Bishnupur, Dist.-Bankura. PIN- 722122. **Reporting Time- 11:00 AM**

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

Memo No. DH&FWS/BHD/ 1534/1(9)  
Copy forwarded for information to:

Date: 22.09.2020

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 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 Programme Officer, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
6. The District Magistrate, Bankura.
7. The Dy. CMOH-II, Bishnupur Health District, Bankura.
8. The IT Cell, Swasthya Bhawan with request to upload the notice at wbhealth.gov.in website.
9. The District Programme Coordinator, Bishnupur Health District.

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

Gen	SC	ST	OBC-A	OBC-B	Others

**14. Educational Qualification:**

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

5							
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**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. 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	

**17. 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)