

GOVERNMENT OF WEST BENGAL
DIRECTORATE OF MEDICAL EDUCATION
SWASTHYA BHAWAN, BLOCK GN 29, SECTOR-V,
SALT LAKE CITY, KOLKATA-700 091.

Memo No. 24011(99)/277/2020-MERT SEC (DHS)/M...476.....

Dated: 23/12/2020

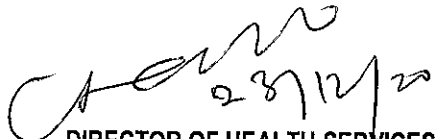
- 1) To the Principal,
_____ Medical College (all Medical Colleges)
- 2) To MSVP,
_____ MC&H (all Medical Colleges)
- 3) To CMOH,
_____ (all Districts)
- 4) To the Superintendent,
_____ (all District Hospitals)


Sub: **Nomination for MPH Programme of ICMR NIE, Chennai for the Session 2021 starting 1st July, 2021.**

The Director, ICMR – National Institute of Epidemiology, Deptt. of Health & Research, Ministry of Health & Family Welfare, Govt. of India has requested the competent authority, Deptt. of Health & Family Welfare, Govt. of West Bengal to nominate in-service candidates with minimum MBBS degree and who fulfill all the criteria as given in the attached information booklet for the session 2021 commencing from 1st July, 2021.

The nominated names of candidates are to reach ICMR NIE, Chennai along with the applications of the eligible candidates by 15th January, 2021. You are requested to widely circulate the information to all units under your control and forward names of eligible candidates with service details by 31.12.2020 to the appropriate competent authority at Swasthya Bhawan for further necessary action from this end.

- Attached information Booklet vide Annexure – XX
- 3 Page NOC format attached for Service details.


DIRECTOR OF HEALTH SERVICES
WEST BENGAL

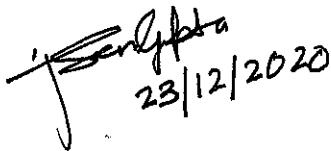

DIRECTOR OF MEDICAL EDUCATION,
WEST BENGAL

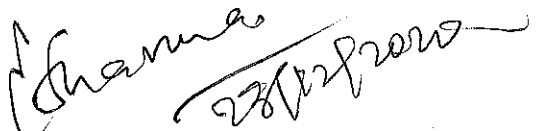
Memo No. 24011(99)/277/2020-MERT SEC (DHS)/M...476/1(8).....

Dated: 23/12/2020

Copy forwarded to :-

1. The Special Secretary (MERT)
2. The Additional DHS (Admin.)
3. The DDHS (Admin.)
4. The DDHS (MERT)
5. The DDME(AB)
6. The ADHS (MERT)
7. The ADHS (P&E)
8. IT Cell, Swasthya Bhaban, with request to upload the circular in website
9. Office copy.


23/12/2020


Dy. Director of Health Services (MERT)
West Bengal



राष्ट्रीय जानपदिक रोग विज्ञान संस्थान



ICMR - NATIONAL INSTITUTE OF EPIDEMIOLOGY

Dept. of Health Research, Ministry of Health & Family Welfare,
Govt. of India

WHO COLLABORATING
CENTRE FOR
LEPROSY RESEARCH
AND EPIDEMIOLOGY

No.R-127, 3rd Avenue, Second Main Road, Tamil Nadu Housing Board
Ayapakkam, Chennai - 600 077, India.

No.NIE/SPH/03/AD/2020/104

Date/ Month/ Year
Docket No. 853
Date 18/10/20
Sent to.....

Date: 8th October 2020

To
The Special Secretary (Health & FW)
Department of Health & Family Welfare
Government of West Bengal
MERT Branch, Swasthya Bhawan, 4th Floor, 'B' Wing
GN-29, Sector-V
Salt Lake City
Kolkata
West Bengal 700 091

ADHS (MERT)
24/11/2020

Sir/Madam,

Sub: Nomination for MPH programme at ICMR-NIE, Chennai, for the year 2021 – Reg.

ICMR - National Institute of Epidemiology (NIE) is an institute under Indian Council of Medical Research (ICMR), Department of Health Research, Ministry of Health and Family Welfare, Government of India. ICMR School of Public Health at NIE was conducting two programmes of Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Thiruvananthapuram, an institute of national importance under Government of India, viz., (1) Master of Applied Epidemiology (MAE) since 2001 to 2010 and (2) Master of Public Health (Health Services Development Research) (MPH-HSDR) since 2008 to 2010.

From July 2011, NIE has been conducting MPH (Epidemiology and Health Systems) programme. NIE has already trained 259 public health specialists and another 26 are getting trained. These trainees are from 26 States across our country. Almost all the NIE graduates are practicing public health in India and several of them are holding key positions in public health programmes in different States.

The MPH programme being conducted at NIE is affiliated to SCTIMST, Thiruvananthapuram, and recognized by Medical Council of India. The focus of the programme is to train the middle level health managers working in State health departments. The course is supported financially by Ministry of Health and Family Welfare, Government of India and the ICMR. As part of ICMR's commitment to strengthen the Indian public health system, this programme is offered free of cost to the Government sponsored candidates. The programme uses the basic learning by doing model with focus on applied epidemiology and health systems. This two-year course comprises of four contact sessions across 12 months at NIE interspersed with three field postings of 12 months duration.

E-mail: nieicmr@gmail.com
indiafetp@gmail.com

Phone: +91-44-26136420
+91-44-26136417

Fax: +91-44-26136426
URL: www.nie.gov.in

Candidates fulfilling the following criteria are eligible to apply for the programme:

1. M.B.B.S. degree recognized by Medical Council of India
2. (a) Working in public health, preferably regularized and permanent employees of State or Central Government Department or Medical institutions or (b) Private (Non-Government) candidates worked / working in public health
3. Three years experience in public health related activities
4. Age up to 45 years as on 1.7.2021. Departmental candidates from ICMR institutions will be granted age relaxation of 5 years. SC/ST/OBC/PH candidates will be eligible for age relaxation as per Government of India rules

The following documents are available in our Institute's website: www.nie.gov.in

1. MPH Admission Notice - 2021
2. MPH Information Brochure - 2021
3. MPH Application form - 2021

The academic session for the year 2021 will commence on 1st July 2021. The selected candidates need to be deputed to ICMR-NIE, Chennai, for the entire duration of the programme.

We request you to kindly arrange to circulate the Admission Notice among the eligible employees and nominate suitable candidates for the MPH programme commencing at ICMR-NIE, Chennai, on 1st July 2021.

We also request you to forward the applications from the eligible candidates to reach us on or before 15th January 2021 and sponsor the selected candidates for the MPH programme.

Thanking you,

Yours faithfully,



(Dr. Manoj V Murhekar)
Director

Encl: As stated above

cc to:

The Director of Health Services
Department of Health & Family Welfare
Government of West Bengal
Swasthya Bhawan
GN-29, Sector-V
Salt Lake City
Kolkata
West Bengal 700 091

ICMR School of Public Health
ICMR - NATIONAL INSTITUTE OF EPIDEMIOLOGY
(Indian Council of Medical Research)
Department of Health Research
Ministry of Health & Family Welfare, Government of India
CHENNAI 600 077

MPH Admission Notice - 2021

Applications are invited from medical graduates for admission to the Master of Public Health (Epidemiology and Health Systems) - 2 year programme of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, conducted by ICMR School of Public Health at ICMR - National Institute of Epidemiology, Chennai.

Last date for receipt of application: 15th January 2021

Date of commencement of the course: 1st July 2021

Information brochure and prescribed application form are available on the Institute's Website: www.nie.gov.in (Email: nieicmr@gmail.com Phone: 044-26136420 / 26136419).

Date: 8th October 2020

Director

Sree Chitra Tirunal Institute
for Medical Sciences and Technology
Thiruvananthapuram

APPLICATION FORM FOR ADMISSION

Master of Public Health (Epidemiology & Health systems)
at ICMR School of Public Health
ICMR-National Institute of Epidemiology, Chennai 600 077
Academic Session – July 2021

Original (through proper channel)	<input type="checkbox"/>	Advance Copy	<input type="checkbox"/>
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(Only for office use)

Roll No.

Academic Performance
Distinction: +
Failures:

No.
To
The Program Coordinator
ICMR - NIE, TNHB, Ayapakkam
Chennai 600 077

Sir,

I am applying for registration
as a student for the programme

(Please write clearly the name of the programme for which you are applying)

1. I agree to undergo the programme on a full time basis and shall not engage myself in private practice during the period of the programme.
2. I agree that during my stay at the Institute, I shall not draw any Fellowship from any other source if I am paid Scholarship / Fellowship by the SCTIMST / NIE.
3. I agree that during the course period, I will not participate in any strike, demonstration, etc., pertaining to my affiliation to any of the Association, Union or Federation in my parent department or of any other Organization.

Affix recent
passport size
Photograph
here

DECLARATION BY THE APPLICANT

I hereby declare that the information given by me in this application is true and correct and no information has been suppressed to the best of my knowledge and belief. In case any information given by me is proved to be false or incorrect at any stage, I shall be responsible for the consequences, which may include among other things, cancellation of my admission, be at any stage. I further declare that I shall maintain good conduct, pay the requisite fee and other charges by the due dates, attend my classes and duties regularly, and abide by the rules and regulations of the Institute/s without fail.

Place.....

Signature.....

Date.....

Name.....

(To be filled in by the applicant in BLOCK letters)
(No column should be left blank)

01	(a) Name in full [As given in the Qualifying Examination (MBBS/MD)]									
02	(a) Father's Name									
	(b) Mother's Name									
03	(a) Date of birth (dd\mm\yyyy)									
	(b) Age (as on 1.7.2021)									
04	Gender									
05	Marital Status									
06	Nationality									
07	State / Union Territory to which you belong									
08	<p>Do you belong to SC/ST/OBC/PH? (If yes, tick appropriate box and enclose copy of the Certificate) (The validity of OBC certificate is one year only. Hence, OBC certificate obtained on or after 01.01.2020 will only be treated as valid)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH <input type="checkbox"/></p> <p>Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/></p>								
09	(a) Are you employed? If yes, give the following	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>								
	(b) Designation									
	(c) Type of Organization / Department (Please tick mark)	<table border="1"> <tr> <td>Government</td> <td><input type="checkbox"/></td> <td>Government Undertaking</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Government Project *</td> <td><input type="checkbox"/></td> <td>Private</td> <td><input type="checkbox"/></td> </tr> </table> <p>(*example, State AIDS Control Society)</p>	Government	<input type="checkbox"/>	Government Undertaking	<input type="checkbox"/>	Government Project *	<input type="checkbox"/>	Private	<input type="checkbox"/>
Government	<input type="checkbox"/>	Government Undertaking	<input type="checkbox"/>							
Government Project *	<input type="checkbox"/>	Private	<input type="checkbox"/>							
	(d) Type of Government Employment	<p>If Government employee, whether the service is permanent</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If permanent Government employee, whether the service has been regularized (i.e. Probation completed)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>								

(To be filled in by the applicant in BLOCK letters)
(No column should be left blank)

01	(a) Name in full				
		[As given in the Qualifying Examination (MBBS/MD)]			
02	(a) Father's Name				
	(b) Mother's Name				
03	(a) Date of birth (dd/mm/yyyy)				
	(b) Age (as on 1.7.2021)				
04	Gender				
05	Marital Status				
06	Nationality				
07	State / Union Territory to which you belong				
08	Do you belong to SC/ST/OBC/PH? (If yes, tick appropriate box and enclose copy of the Certificate) (The validity of OBC certificate is one year only. Hence, OBC certificate obtained on or after 01.01.2020 will only be treated as valid)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	PH <input type="checkbox"/>
		Enclosed <input type="checkbox"/>	Not enclosed <input type="checkbox"/>		
09	(a) Are you employed? If yes, give the following	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	(b) Designation				
	(c) Type of Organization / Department (Please tick mark)	Government <input type="checkbox"/>	Government Undertaking <input type="checkbox"/>		
		Government Project * <input type="checkbox"/>	Private <input type="checkbox"/>		
		(*example, State AIDS Control Society)			
	(d) Type of Government Employment	If Government employee, whether the service is permanent			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		If permanent Government employee, whether the service has been regularized (i.e. Probation completed)			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

	Name and address of the office where with pin code, phone & fax number and email ID, if available	
	(f) Name and address of the immediate Supervisor with pin code, phone & fax number and email ID, if available	
	(g) Name and address of the office of the Directorate (if applicable) with pin code, phone & fax number and email ID, if available	
	(h) Name and address of the office of the Secretariat (if applicable) with pin code, phone & fax number and email ID, if available	
10	(a) Have you served in the Armed Forces? If yes, give the following	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(b) Position held	
	(c) Nature of duties	
	(d) Number of years of service	
11	(a) Will you be officially sponsored / deputed or granted study leave / leave for doing this programme by your employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(b) If sponsored, enclose original letter of sponsorship (Refer specimen enclosed)	Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/>
	(c) If not sponsored at the time of application, enclose No Objection Certificate from the employer or a letter mentioning that the candidate will be sponsored if selected for the programme (Refer specimen enclosed)	Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/>
12	What is your present designation and nature of duties?	<u>Designation</u> <u>Nature of duties *</u>

* Mandatory

13. ACADEMIC QUALIFICATIONS

Examination Passed (Specify)	Name of the Institution / University	Duration of the Course	Month and Year of		Percentage of marks obtained	Failed if any
			Admission	Passing		
(Graduation)						
(Post graduation)						
Doctorate/ Ph.D						
Additional Qualification						

EMPLOYMENT RECORD TO-DATE (Attach separate sheets if necessary and relevant documents #)

Sl. No.	Name and address of the Institution	G/GU/ GP/P	Position held	Nature of duties	Period	
					From	To

- 1) Mention whether you work in Government-G, Government Undertaking-GU, Government Project-GP, Private-P
- 2) If you have worked in private institutions, those details may also be given here. Do not give the details of your private practice
- 3) If the details of experience given here are less than 3 years (minimum eligibility), those candidates will not be eligible for selection

Enclose copy of the relevant documents, viz., Appointment order/s, Promotion order/s, Nature of Duties or Work certificates, etc. Original documents of the copies enclosed should be brought at the time of interview

15	Permanent residential address with pin code	
16	Address for correspondence with pin code *	
17	(a) Mobile phone number/s *	
	(b) Office phone number/s	
	(c) Residential phone number/s *	
18	Email ID * (Call letter, Selection letter, brochures etc., from NIE will be sent through email only)	
19	Fax number	

* Mandatory

1301843/2020/MERT(DHS) SEC

	of registration with National Council of India	Number
		Date
		State / UT
21	Details of scientific publications including Thesis (Attach separate sheet/s, if necessary)	
22	Details of Membership with professional bodies.	
23	a) Are you a member of any Association, Union or Federation in your parent department or from any other organization	YES <input type="checkbox"/> NO <input type="checkbox"/>
	b) If Yes, i) Name of the Association	
	ii) Details of Membership	Ordinary Member <input type="checkbox"/> Committee Member <input type="checkbox"/> Management Member <input type="checkbox"/> (If Yes, specify the portfolio, namely, President, Secretary, Treasurer, etc.)
24	Any other information relevant to the public health work, which you may like to give in support of your application	
25	Details of the Demand Draft for Rs.600/= (Rupees Six hundred only) drawn in favour of "Director, NIE" payable at Chennai, towards Application Fee	Demand Draft No.
		Date
		Drawn on Bank
		Branch

Date :

Signature

1301843/2020/MERT(DHS) SEC

Check list for enclosures:

- (a) Copy of the document for age proof
- (b) Copy of the Certificate for SC/ST/OBC/PH candidates
- (c) Copy of the certificates of academic qualifications
- (d) Copy of attempt Certificates for examinations passed
- (e) Copy of Medical Registration Certificate
- (f) Copy of the relevant documents, viz., Appointment order/s, Promotion order/s, Nature of Duties or Work certificates, etc.
- (g) Sponsorship Certificate, if available or NOC from the parent department (refer specimen on Page: MPH-AF-9 / MPH-AF-10)
- (h) Demand Draft for Rs.600/= towards Application Fee (**Applications without Application Fee will not be considered**)

SPONSORSHIP CERTIFICATE
(Applicable for the candidates who are sponsored/deputed)

Certified that Dr. _____ son/daughter of
Shri. _____, born
on _____, is a permanent and regular employee of the Government Department/Medical
College since _____ (Date) and has completed three years of regular/permanent service.

2. Certified that the candidate, if selected, will be sponsored for the entire duration (two years) of the MPH programme.
3. Certified that if the applicant is selected for the programme, he/she will be suitably employed by us after completion of the programme.
4. Certified that no financial implication in the form of salary, emoluments, etc., will devolve upon NIE / ICMR, during the entire period of the programme. Such payment for the candidate will be the responsibility of sponsoring/deputing authority.
5. Certified that the Institution/Department sponsoring/deputing the candidate belong to one of the following categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of the sponsoring/deputing
authority with seal

Station :

N.B.

1. Deputation/Sponsorship of candidates holding tenure appointment, adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates sponsored/deputed by Medical College affiliated to a University and recognized by the Medical Council of India, the sponsorship/deputation certificate signed by the Principal of the Medical College concerned only shall be accepted.

NO OBJECTION CERTIFICATE

1. Certified that Dr. _____ son/daughter of
Shri. _____, born
on _____, is a permanent and regular employee of the Government Department/Medical
College since _____ (Date) and has completed three years of regular/permanent service.
2. This Office / Department has **No Objection** in his/her applying for the two year MPH programme at
NIE.
3. If he/she is selected for the programme, he/she will be sponsored / deputed / permitted to do the
programme by availing Study Leave.
4. Certified that no financial implication in the form of salary, emoluments, etc., of the candidate will
devolve upon NIE / ICMR, during the entire period of the programme. Such payment for the
candidate will be the responsibility of sponsoring/deputing authority.
5. Certified that the Institution/Department sponsoring/deputing the candidate belong to one of the
following categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of competent authority
with seal

Station :

N.B.

1. Deputation/Sponsorship of candidates holding tenure appointment, adhoc or contract or honorary or
appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates sponsored/deputed by Medical College affiliated to a University and recognized
by the Medical Council of India, the sponsorship/deputation certificate signed by the Principal of the
Medical College concerned only shall be accepted.
4. If separate NOC is not provided in the above format, the concerned authority shall forward the
application of the candidate mentioning the above details.

Memo No – HPT/23T-02-2020/Part-V/ M367Dated: 16.06.2020

Proforma For Submission of BIODATA to be filled up by the applicant and verified & forwarded by the local authority & Head of the Institution/ District Controlling Authority and sent in duplicate along with prayer FOR NOC /TR, by admitted in-service candidates in PG Degree / Diploma / DNB / Post Doctoral courses, as per TR Rules.

A

1. Name of the applicant (in Block letters):.....
2. (a) (a) Date of Birth: DD/MM/YYYY/...../.....
 (b) Age as on 31st March, 20.....- : Years/Months/Days/...../.....
3. Designation:.....
4. Present place of posting:.....
 (Posting- name of Hospital, with name of block/sub-division & District.)
5. Date of joining in service (WBMES/WBHS/WBPHAS) -
 a) As Ad-hoc: (Attach a G.O copy)
 b) Date of regularization of service (Along with GO No. Attach a G.O copy):.....
 c) P.S.C./Direct Recruitment/ WBHRB: (Along with GO No. Attach a G.O copy):.....
6. Date of confirmation of service:..... (Attach along with a G.O copy):.....
7. Previous place(s) of posting(s) in details since joining with dates;

Sl. No.	From (date)	To(date)	Name of Health/ Medical Institutes./Block/ District
1. First Posting			
2			
3			
4			
5			
6			

8. Period / Total length of service up to the 31st March of the year of the commencement of session concerned:.....

9. Period of service rendered as rural / remote / difficult area (in completed years): Years

10. Educational Qualification:

Name of the Course	Session	Date of Admission	Date of publication of result
i) M.B.B.S			
ii) Any Diploma			
III) MD/MS/DNB			

11. (a) Whether placed on Trainee Reserve earlier(Yes/No):

10(b) if yes, date of re-joining after completion of Trainee Reserve (furnish G.O. copy):

12. i.) Whether there is any break in service, if any (in details):

ii) Whether there is any leave period yet to be sanctioned/ regularized (in details):

iii) Whether there is any unauthorized absence period (in details):

iv) Whether there is any court case pending against him/her:

13. Course in which admission is sought for:

Course	Session	Institute / University

14. Declaration by the incumbent:

I, _____ hereby declare that the particulars mentioned above by me are true.

.....
Signature of the applicant
(Name- _____)
Designation

Date:

15. (a) Mob. No.

15(b) email id:

B: Certificate of local authority:

To Be Filled & Signed By the Local Authority:-

Memo No.

Dated:

Certified that the information and particulars submitted by the applicant are verified by the undersigned from his/ her service book & other records and are found to be correct.

There is / are no adverse remarks noted in the service book of

Dr..... (If yes give details).

Forwarded and recommended for provisional NOC / TR for Post Graduate (Both Degree & Diploma) / DNB & Post Doctoral study in the year

Date:.....

**Signature of the local authority
& Custodian of Service Book along with seal.**

C Signature of the Head of the Institute / District Controlling Authority:

Memo No.

Dated:

Forwarded & Recommended to DHS/DME for grant of provisional NOC / TR for Post Graduate (Both Degree & Diploma) / DNB & Post Doctoral study in the year

Remarks (if any) :

Date:.....

**Signature of the Head of the Institute
/ District Controlling Authority with seal :**

Date:.....

Signature of the Head of the Institute