GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
RAMPURHAT HEALTH DISTRICT
E.mail: cmohrampurhathd@gmail.com
Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/3127 dated: 17-12-2019

RECRUITMENT NOTICE FOR GDMO UNDER NHM

The District Health and Family Welfare Samity, Rampurhat HD invites applications from the interested candidates for recruitment of General Duty Medical Officer (GDMO) under National Health Mission on contractual basis for Rampurhat Health District against the existing vacancies. Details are mentioned below -

<table>
<thead>
<tr>
<th>Number of vacancies</th>
<th>03 (three)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of posting</td>
<td>Facility level under Rampurhat HD</td>
</tr>
<tr>
<td>Remuneration</td>
<td>Rs. 40,000/- per month</td>
</tr>
<tr>
<td>Age</td>
<td>Upper age limit 65 years as on 01/01/2020</td>
</tr>
<tr>
<td>Essential Qualification</td>
<td>MBBS Degree recognised by MCI &amp; 1 year completion of internship with valid Registration from WBMC/MCI</td>
</tr>
<tr>
<td>Testimonials</td>
<td>Age Proof, Address Proof, MBBS Mark-sheet, MCI/W.B.M.C. Regd. Certificate, experience certificate</td>
</tr>
<tr>
<td>Method of selection</td>
<td>Interview basis</td>
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</tbody>
</table>

Documents required (self attested Photocopy)
- Application in the prescribed format
- Admit card of Madhyamik Examination for age proof
- Mark sheet of MBBS Degree
- Proof of registration or Registration certificate from WBMC/MCI
- Residence / address Proof document
- Experience Certificate(if any)
- DD/Banker’s Cheque amounting Rs.100/-

The application must reach to this office of the undersigned in the following address by hand/ registered post/ courier within 30-12-2019 (upto 4 pm). The name of the post must be superscripted in the top of the envelop.

Office of the chief Medical Officer of Health
Rampurhat Health District
Old outdoor campus, Kamarpotty More,
Rampurhat, Birbhum, Pin-731224, West Bengal.

Memo No. DHFWS/RPH/DPMU/3127/1(21) dated: 17-12-2019

Copy forwarded for information to:-
1. The Hon’ble Dr. Asish Banerjee, MIC, MLA & Chairman of Selection Committee
2. The Sabhadhipati, Birbhum Zilla Parishad
3. The Director of Health Services, Swasthya Bhavan, Kolkata
4. The Mission Director, NHM, Swasthya Bhavan, Kolkata
5. The AMD (NHM) Swasthya Bhavan, Kolkata
6. The Executive Director, WBSH&FWS, Kolkata
7. The PO-I NHM, Swasthya Bhavan, Kolkata
8. The ADHS (Hospital Administration Branch), Swasthya Bhavan, Kolkata
9. The District Magistrate, Birbhum
10. The Addl District Magistrate (Gen), Birbhum
11. The Swasthya Karmadakshya, Birbhum Zilla Parishad
12. The Sub-Divisional Officer, Rampurhat Sub Division.
13-15. The Dy.CMOH-II/III/ACMOH Rampurhat HD
16. The DPHNO, Rampurhat HD
17. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
18. The DIO, NIC - with the request to publish this recruitment notice in the official webpage of Birbhum
19. IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 with request to publish the recruitment notice in the wbhealth.gov.in website.
20. The DPC, Rampurhat HD
21. Office Copy

[Signature]
Chief Medical Officer of Health
Rampurhat HD, Birbhum
APPLICATION FORMAT
(Rampurhat Health District)

Application for the Post of ____________________________

DD/Banker’s Cheque No. ____________________________ Amount ____________________________ Date ____________________________

1. Name (in Block Letter) : ________________________________________________________________

2. Father’s/Husband Name : ____________________________________________________________

3. Full Address : ____________________________________________________________ Vill/Town PO __________ Dist __________ Pin __________

4. Contact Number(Mobile) : __________________________________________________________

5. Email ID : ______________________________________________________________

6. Date of Birth : ____________________________

7. Age as on 01/01/2020 : ____________________________

8. Sex : ______________________________________________________________

9. Category : ______________________ Gen SC ST OBC-A OBC-B

10. Educational Qualification : __________________________________________________________

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Board/Council/University</th>
<th>Full Marks</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Year of Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
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<td></td>
</tr>
<tr>
<td>Higher Secondary</td>
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<tr>
<td>MBBS Degree</td>
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<tr>
<td>Other Degree</td>
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</tr>
</tbody>
</table>

11. Enclosures :- Self attested photocopy of (i)Admit card of Madhyamik Examination for age proof, (ii)Mark sheet and certificate of Secondary, Higher Secondary, MBBS Degree, any other degree (iii)Proof of registration or Registration certificate from WBMC/MCI, (iv) Residence / address Proof document (v) Experience Certificate, if any. (vi) DD/Banker’s Cheque amounting Rs.100/-

I declare that the information/document furnished above are true to the best of my knowledge and belief. If any information/document furnished is found incorrect / incomplete /false, my candidature is liable to be cancelled without any further intimation to me.

Date : __/____/____

______________________________________________
Signature of Applicant