

Memo.no.DHFWS/1520

Notification date:- 03.07.2019

RECRUITMENT NOTICE-2019
(Contractual basis)

District Health and Family Welfare Samity invited applications for recruitment on contractual basis under different Health Programme for Birbhumb district. Eligible candidates may apply in the prescribed format attached herewith. Application fee in form of **DD/Banker's Cheque** in favour of DHFWS, Birbhumb payable at Suri (Rs. 100/- for General Caste & Rs. 50/- for reserved category) must be enclosed with the application otherwise application will be treated as cancelled. The application must reach to this office through **Registered post/courier/by hand within 12.07.2019 (upto 4 pm)**.

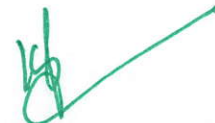
The name of the post should be superscripted in the top of the envelop otherwise application will be treated as cancelled

A	Name of the post	Staff Nurse for NUHM & Thalassemia Control Unit
	Number of post & category	Number of post :-8 General :-04 SC :-02 ST :01 OBC A :-01
	Place of posting	Thalassemia Unit Suri Sadar Hospital – 02 NUHM UPHC – Bolpur – 4 NUHM UPHC – Suri -2
	Remuneration	Rs. 17220/- per month
	Age as on 01.07.2019	Upper age limit 64 years (relaxation of age will be given for SC/ST/OBC candidate as per Govt. Norms)
	Qualification & Selection Criteria	GNM passed from an institute recognized by the Indian Nursing Council. Candidate should have proficiency in local language
	Method of selection	Total marks : 100 marks - Based on % of marks obtain in the final examination of GNM
	Mode of Selection	Purely on the basis of merit (i.e. marks obtained in GNM examination)

Documents required (photo copy self-attested)

- Application as per proforma
- Admit card of Madhyamik Examination
- Mark sheet of GNM examination
- Residence Proof certificate
- Caste proof certificate (if required)
- DD/Banker's Cheque amounting to Rs. 100/50 as applicable

The category of the post should be superscripted in the top of the envelop otherwise application will be treated as cancelled.





GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
NATIONAL HEALTH MISSION, BIRBHUM
TEL/FAX : 03462-257566, 255216
Email- cmohbirbhum@gmail.com

Incomplete application, missing of required documents will be treated as cancelled.

Application with superscripted the name of the post must be submitted to the following address by Courier/Registered/by hand at CMOH office. Last date for submission of application is **12.07.2019 upto 4 pm.**

Correspondence Address:-

Office of the chief Medical Officer of Health (DPMU section)
New Administrative Building
Old Out Door Campus
PO- Suri, District :- Birbhum
Pin – 731101
West Bengal

18/03/07/2019

**Chief Medical Officer of Health
Birbhum**

Memo.no.DHFWS/1520/1(20)

Dated: 03.07.2019

Copy forwarded for information to:-

1. Hon'ble Mr. Chandranath Sinha, MOS, MLA & Chairman of Selection Committee
2. The Sabhadhipati, Birbhum Zilla Parishad
3. The Director Health & Family Welfare, Swasthya Bhavan, Kolkata
4. The Mission Director, NHM, Swasthya Bhavan, Kolkata
5. The AMD (NHM) Swasthya Bhavan, Kolkata
6. The AMD (NHM)-II, Swasthya Bhavan, Kolkata
7. The Executive Director, WBSHFWS, Swasthya Bhavan, Kolkata
8. The JT. Director (NCD), Swasthya Bhavan, Kolkata
9. The STO, Swasthya Bhavan, Kolkata
10. The PO NHM, Swasthya Bhavan, Kolkata
11. The SDO Suri/Bolpur/Rampurhat Sub division.
12. The BDOs all
13. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO/DPHNO
14. The ACMOH all
15. Hospital Administration Branch, Swasthya Bhavan
16. SPMU & NUHM Cell of Swasthya Bhavan, Kolkata
17. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
18. The DIO, NIC – with the request to publish advertisement in the official webpage of Birbhum
19. IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91
20. The DPMU Section for overall management of recruitment process.

18/03/07/2019

**Chief Medical Officer of Health
Birbhum**

APPLICATION FORMAT

Application for the post of Staff Nurse

Affix one colour
recent passport
size photo

1. Name (Block letter) :-
2. Father's Name/Husband 's Name :-
3. Address (in details) :- Village/Town:.....
P.O: Pin:.....
Block :..... District:.....
4. Contact number (Mobile) :-
5. Email Id (mandatory) :-
6. Date of birth as on 01.07.2019 :-
7. Age :-
8. Sex :-
9. Caste :- General SC ST OBC-A OBC-B
10. Educational Qualification :-

Exam Passed	Board/Unive rsity	Full Marks	Marks obtained	% age of marks	Year of passing

11. Attachments : (Please tick)

- a) .
- b) .
- c) .
- d) .
- e) .

I declare that the information furnished above are true. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further intimation to me.

Dated :

Signature of Applicant