Memo No. DHFWS/RPH/DPMU/ 1462 Dated:22/07/2019

To
The District Magistrate
Birbhum

Sub: Request for uploading the recruitment advertisement in the official webpage

Respected Madam,

The undersigned would like to request you kindly to make necessary arrangement to upload the annexed advertisement for recruitment of the following staff on contract basis in the official webpage of Birbhum district.

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of contractual post</th>
<th>Name of the programme</th>
<th>Number of Post</th>
<th>Category</th>
<th>Salary per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff Nurse</td>
<td>NUHM</td>
<td>01</td>
<td>UR</td>
<td>Rs.17220/-</td>
</tr>
</tbody>
</table>

Encl: Details of advertisement & Application Format

Memo No. DHFWS/RPH/DPMU/1462/1(38)

Copy forwarded for information to:-
1. Hon’ble Dr. Asish Banerjee, MIC, MLA & Chairman of Selection Committee
2. The Sub-adhikari, Birbhum Zilla Parishad
3. The Director of Health Services, Swasthya Bhavan, Kolkata-91
4. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
5. The AMD (NHM) Swasthya Bhavan, Kolkata-91
6. The Executive Director, WBSH&FWS, Kolkata-91
7. The PO, NHM, Swasthya Bhavan, Kolkata -91
8. The Jr. DHO(FW) & SFWO, Swasthya Bhavan, Salt Lake, Kol-91
9. The State Nodal Officer, NHM, Department of Health and Family Welfare, Govt. of West Bengal, Kolkata-91
10. The Addl. District Magistrate, (Gen), Birbhum
11. The Swasthya Karmadakshya, Birbhum Zilla Parishad
12. The SDO Rampurhat Sub Division.
13. The Chairman, Rampurhat Municipality, Rampurhat
14-24. The BDOs (all) under the Jurisdiction of Rampurhat Sub-Division.
22-25. The Dy.CMOH-II/Dy.CMOH-III/ACMOH/DPHNO, Rampurhat HD
26-33. The BMOH (all) under Rampurhat HD
34. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
35. The DIO, NIC – with the request to publish advertisement in the official webpage of Birbhum
36. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – with the request to publish this advertisement in the official webpage of Swasthya Bhavan.
37. The DPC/DAM/DSM/A.M. (NUHM), Rampurhat HD
38. Office Copy.

Chief Medical Officer of Health
Rampurhat HD, Birbhum
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/1463

Recruitment Notice -2019
(Contractual Basis)

The District Health and Family Welfare Samity, Rampurhat HD invites applications for recruitment of staff nurse under NUHM on contractual basis for U-PHC under Rampurhat Municipality, Birbhum. The eligible candidates may apply in the prescribed format attached herewith. Application fee of Rs. 100/- for General Caste & Rs. 50/- for reserved category in form of DD/Banker’s Cheque in favour of DHFWS, Rampurhat HD payable at Rampurhat must be enclosed along with the application otherwise application will be treated as cancelled. The application must reach this office of the undersigned through Registered post/courier within 06.08.2019 (upto 4 pm). The category of the post must be superscripted in the top of the envelop.

| Number of post | 1 (one) |
| Category | Unreserved |
| Place of posting | U-PHC at Rampurhat Municipality |
| Remuneration | Rs. 17220/- per month |
| Age | Upper age limit 64 years as on date of application |
| 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 obtained in the final examination of GNM |
| Mode of Selection | Purely on the basis of merit (i.e. marks obtained in GNM examination) |

Documents required (self-attested Photocopy)
- Application as per proforma
- Admit card of Madhyamik Examination for proof of age
- Mark sheet of all requisite qualification from Madhyamik examination
- Residential Proof document
- Caste Certificate
- DD/ Banker’s Cheque amounting to Rs.100/- / Rs.50/- as applicable.

Note: Incomplete application, missing of required document(s) will be treated as cancelled. Application with superscripted the name of the post must be submitted to the following address by Courier/Registered post only. No application will be received by hand. Last date for submission application: 06.08.2019 (upto 4 pm).

Correspondence Address:-
Office of the chief Medical Officer of Health (DPMU section) , Old Outdoor Campus, Kamarpotti More, Rampurhat, Pin- 731294.

Chief Medical Officer of Health
Rampurhat HD, Birbhum

Memo No. DHFWS/RPH/DPMU/1463/14

Copy forwarded for information and with the request to display in the notice board for wide circulation to:
1. The CA to the Sabhadhipati, Birbhum Zilla Parishad
2. The CA to the District Magistrate, Birbhum

DPC/RHAT/Recruitment 2019-20

Dated: 22/07/2019
3. The CA to the Add. District Magistrate (Gen), Birbhum
4-5. The PA to the Chairman, Rampurhat/Nalhati Municipality
6-8. The Superintendent Suri/Bolpur/Rampurhat SD Hospital
9-16. The BMOHs (all) under Rampurhat HD.

Memo No. DHFWS/RPH/DPMU/1463/11/1 (43)

Dated: 22/07/2019

Copy forwarded for information to:-

1. 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-91
4. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
5. The AMD (NHM) Swasthya Bhavan, Kolkata-91
6. The Executive Director, WBSH&FWS, Kolkata-91
7. The PO, NHM, Swasthya Bhavan, Kolkata-91
8. The Jt. DHS(FW) & SFWO, Swasthya Bhawan, Salt Lake, Kol-91
9. The State Nodal Officer, NUHM, Department of Health and Family Welfare, Govt. of West Bengal, Kolkata-91
10. The Addl. District Magistrate, (Gen), Birbhum
11. The Swasthya Karmadhiksha, Birbhum Zilla Parishad
12. The SDO Rampurhat Sub Division.
13. The Chairman, Rampurhat Municipality, Rampurhat
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41. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – with the request to publish this advertisement in the official webpage of Swasthya Bhavan.
42. The DPC/DAM/DSM/A.M. (NUHM), Rampurhat HD
43. Office Copy.

Chief Medical Officer of Health
Rampurhat HD, Birbhum
CMOH OFFICE RAMPURHAT HD
APPLICATION FORMAT

Application for post-........................................................................................

1. Name ( Block letter) :-

2. Father’s name/Husband’s Name :-

3. Address (in details) :-Village/Town:.................................................................

P.O:.....................................P.S..................................Pin..................

Block.............................................District...........................................

4. Contact number(Mobile) :-i)……………………………………., ii)…………………………….

5. Email id (compulsory) :-

6. Date of birth :-

7. Age as on date of Application :-

8. Gender :-

9. Category :- UR □ SC □ ST □ OBC-A □ OBC-B □ PH □

10. Demand Draft :- No................................. dated.....................................Rupees..............................

11. Education Qualification :-

<table>
<thead>
<tr>
<th>Exam Passed</th>
<th>Board/University</th>
<th>Full Marks</th>
<th>Mark obtained</th>
<th>% age of marks</th>
<th>Year of passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP (10+)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HS (12+)</td>
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<td></td>
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</tr>
<tr>
<td>Graduation</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Post graduation</td>
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</tr>
<tr>
<td>Other.........</td>
<td></td>
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</table>

12. Computer knowledge...........................................................................................

13. Working experience:-

<table>
<thead>
<tr>
<th>Organization</th>
<th>Designation</th>
<th>Govt./Private/NGO</th>
<th>From Date</th>
<th>To Date</th>
<th>Total Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>


15. I declare that the information furnished above are based on material records are true to the best of my knowledge and belief. 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.

Date of application: - ........................................................................................................

Signature of Applicant