

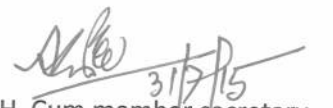
This document is encloser of memo no..... dated Of the C.M.O.H. Dakshin Dinajpur.

Eligibility criteria and other informations for the engagement of 1(one) no. of Para Medical Workers under N.L.E.P. for Dakshin Dinajpur District.

1. Name of the post :- Para Medical Worker(PMW)- this post is unreserved.
2. Eligibility criteria :-
 - a) Essential :-
 - i) M.S.W./B.Sc. with 3 years experience in the field of public health.
OR
Passed Higher secondary or equivalent with having PMW training certificate.
 - ii) Working knowledge of computer.
 - iii) Age as on **01.09.2015** is below 40 years.
 - b) Desirable :-
 - i) Experience in Leprosy activity.
 - ii) Resident of Dakshin Dinajpur District.
- Note :-
 - i. Age relaxation will not be applicable to SC/ST/OBC/Physically handicapped candidates as per existing GOI norms as because this post is unreserved.
 - ii. All the above mentioned qualifications and experiences must be completed before
01.08.2015
 - iii. Xerox copies of documents in support to -age, experiences ,qualifications, etc. have to be submitted along with the application format.
 - iv. Separate computer knowledge/skill test will be taken in due course.
 - v. 2 No. of Self attested Passport Photo to be submitted along with application.
 - vi. One bank draft of Rs. One Hundred (100) has to be submitted along with application.
That draft must be obtained from any nationalized bank and to be payable to the C.MO.H & member secretary, district health & family welfare samity, Dakshin Dinajpur.
3. Number of posts: - 1 (one) - this post is unreserved.
4. Nature of job:- the selected candidate will be posted in any block or municipality area of Dakshin Dinajpur district as P.M.W.
5. Monthly consolidated remuneration: - Rs 16000.00 per month.
6. The application has to be done in prescribed format only.
7. Prescribed format for application is given in the website www.wbhealth.gov.in & www.ddinajpur.nic.in.
The applicants are requested to visit and search for the same.
8. Application has to be sent :-
 - a) *Only* through either of registered post/speed post / courier- in sealed envelope.

- b) On the envelop one head line to be written as :- "APPLICATION FOR THE POST OF PARAMEDICAL WORKERS-NLEP"
- c) The application to be addressed to :- The Chief Medical Officer of Health, Dakshin Dinajpur, Zilla Swastha Bhawan (Leprosy Wing), Nelson Mandela Sarani, P.O.-Balurghat, Dist.-Dakshin Dinajpur.
- d) Senders full address has to be given on the left hand side of the envelop.
- e) **No application will be accepted hand to hand in the said address.**
9. The application must reach to the said address with in ~~30.09.2014~~ ^{30.09.2015} upto 05.00 pm. (30.09.2015)
10. Incomplete & improperly filled applications are liable to be cancelled without giving any further intimation to the applicant.
11. Only shortlisted candidates will be informed to appear in the interview in due course.
12. Sort listing will be done on the basis of Academic qualification, Experience in public health (field works/training), Experience in Leprosy activity.
13. Final scoring will be on the basis of provision as mentioned below :- (Total 50 marks)
- | | |
|--|-------------------|
| a) Academic qualification:- | maximum 15 marks. |
| b) Experience in public health (field works/training) :- | maximum 10 marks. |
| c) Experience in Leprosy activity: - | maximum 05 marks. |
| d) Computer knowledge test: - | maximum 10 marks. |
| e) Interview: - | maximum 10 marks. |
14. Decision taken by the recruitment committee will be final throughout the selection process in this regard.


31/09/15


31/9/15
C.M.O.H. Cum member secretary,
District Health & family welfare
samity, Dakshin Dinajpur.

APPLICATION FORMAT for the post of PMW(NLEP)

(Note:-spacing between each row may be expanded as per requirement of the applicant)

Affix one color
recent
passport size
photo here

To,
The Chief Medical Officer of Health & Member Secretary,
District Health & Family welfare Samity, Dakshin Dinajpur.

Sir, I,-----like to apply myself as a candidate for the post of
Para Medical Worker-NLEP as per advertisement given in the news paper & according to the terms of reference .
My bio-data given as below:-

Sl.no.	particulars				Information			
01	Full name-in capital letters							
02	Fathers name							
03	Full address with Phone No.				-----			
03.1	Village/Town							
03.2	PO							
03.03	Block							
03.04	District							
03.05	Pin Code							
03.06	Phone No.							
04	Date of birth							
04.1	Age as on 01.12.2013(write years months and days)							
05	Academic qualification achieved							
Sl. No.	Exam(s) Passed	Board/University	Full Marks	Marks Obtained	% of marks	Year of passing	Major Subjects	
1								
2								
3								
06	Experience in public health (field work/training)							
06.1	Duration of experience in public health (field work/training)							
07	Experience in Leprosy activity							
07.1	Duration of experience in Leprosy activity							
08	Course completed in computer if any							
08.1	Name of the Course							

I am enclosing the following supporting documents (Attested Xerox copies):-

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Declaration-

I,-----,do hereby solemnly declaring that the above information given by me are correct to the best of my knowledge and belief. I know that any information given above by me, if found incorrect, at any time- my candidature will be cancelled immediately.

Full Signature of the Applicant with date.