

Govt. of West Bengal
Office of the Chief Medical Officer of Health
Dist. Health & F.W. Samiti, D/Dinajpur

Memo No. DHFWS/ 273 (2)

Date: 10 /02/2016

- To :
1. The In Charge, IT cell, West Bengal State Health & Family Welfare Samiti, Swasthya Bhawan, GN-29, Sector- V, Salt Lake, Kol.- 91.
 2. The DIO, NIC, Dakshin Dinajpur

Sub.: Uploaded the engagement notice for Programme Associate under ARSH Programme, Dakshin Dinajpur

Sir,

You are here by requested to upload the advertisement in the website <http://www.wbhelath.gov.in/Recruitment> & <http://www.ddinajpur.nic.in /Recruitment> respectively for engagement of Programme Associate under ARSH Programme, Dakshin Dinajpur.

Enclosed : Advertisement & Application form

Thanking you



C.M.O.H. & Member Secretary
D.H. & F.W. Samiti, Dakshin Dinajpur

Memo No. DHFWS/ 273 /1 (8)

Date: 10 /02/2016

Copy forwarded for information to:

1. The State Mission Director (NHM) & Secretary, Govt. of West Bengal, Deptt. of Health & Family Welfare, Swasthya Bhawan, Wing – B, 4th Floor, GN-29, Sector- V, Salt Lake.
2. The Addl. Mission Director (NHM), Govt. of West Bengal, Deptt. of Health & Family Welfare, Swasthya Bhawan, Wing – B, 4th Floor, GN-29, Sector- V, Salt Lake.
3. The SFWO & Jt. DHS (FW), Govt. of West Bengal, Deptt. of Health & Family Welfare, Swasthya Bhawan, Wing – B, 4th Floor, GN-29, Sector- V, Salt Lake.
4. The District Magistrate, D/Dinajpur
5. The ADHS (SH), Govt. of West Bengal, Deptt. of Health & Family Welfare, Swasthya Bhawan, Wing – B, 4th Floor, GN-29, Sector- V, Salt Lake.
6. The Chairman, Recruitment Committee, NHM, D/Dinajpur .
7. The Dy. CMOH-I / II / III / DMCHO / DPHNO / DLO / DTO, D/Dinajpur
8. The DPMU, D/Dinajpur.



C.M.O.H. & Member Secretary
D.H. & F.W. Samiti, Dakshin Dinajpur

District Health & Family Welfare Samiti

Zilla Swasthya Bhawan, Nelson Mandela Sarani

P.O.: Balurghat, Dist.: Dakshin Dinajpur

Pin: 733101, West Bengal

Recruitment Notice No.: *DHFW 5/275*

Date: *10-02-16*

District Health & Family Welfare Samiti, Dakshin Dinajpur, will engage 1 (One) Programme Associate under Adolescent Reproductive & Sexual Health Programme of RCH, Department of Health & Family Welfare, on purely contractual basis.

Eligible candidates are requested to submit their application within 4 pm of **29/02/2016** in the format given below (**Application format – Annexure I**) along with an application fee in form of Demand Draft of Rs. 100.00 for unreserved categories and Rs. 50.00 for reserved categories in favour of "**District Health & Family Welfare Samiti, Dakshin Dinajpur, payable at Balurghat**, self attested photocopies of testimonials & relevant certificates and self attested photo in the specified space in the form to "**The Chief Medical Officer of Health, Zilla Swasthya Bhawan, Nelson Mandela Sarani, P.O.: Balurghat, Dist.: Dakshin Dinajpur, Pin: 733101, West Bengal**" by Registered post/ Speed post/ Courier service only. Preference will be given to the candidates of Dakshin Dinajpur District. Applicants are requested to mention "**APPLICATION FOR THE POST OF PROGRAMME ASSOCIATE**" in block letters on the top of the envelop.

The Details of which is given below:

Name of the Post	No. of Post	Category	Place of Posting	Qualification	Experience	Age Limit (As on 01.01.16)	Consolidated Remuneration (Rs.)
Programme Associate	1 (One)	UR	District HQ	Minimum Bachelors degree (B.Sc., B.Com., & B.A.) with One year Diploma/Certificate course in Computer Application with operating knowledge of MS Word, MS Excel, MS Power Point, MS Access & Internet from Govt. registered institution with minimum typing speed of 30 words per minute.	Minimum 3 yrs. Experience in Govt. Sector or 5 Yrs. Experience in data recording & data analysis in Private Sector	Up to 40 Years (Relaxation for age will be given for SC/ST/OBC candidate as per norms)	13,560/-

District Health & Family Welfare Samiti reserves the right to cancel all or any application without assigning any reason. Applicants are requested to visit www.wbhealth.gov.in/recruitment & www.ddinajpur.nic.in/recruitment regularly for further details.

[Signature] 9-2-16

D.M. & Exe. Vice Chairperson
Dakshin Dinajpur

[Signature] 9/2/16

C.M.O.H. & Member Secretary
Dakshin Dinajpur

Process of Recruitment: Programme Associate (Total Marks: 100)

- Screening & Scoring on Qualification: (Total Marks-30)

Academics:

- | | |
|----------------------------------|------------------|
| • Graduation | Maximum 15 Marks |
| • Higher Secondary or equivalent | Maximum 10 Marks |
| • Secondary or equivalent | Maximum 05 Marks |

- Computer Test: (Total Marks-70)

Ans 69-2-16

**D.M. & Exe. Vice Chairperson
Dakshin Dinajpur**

Ans 69-2-16

**C.M.O.H. & Member Secretary
Dakshin Dinajpur**

APPLICATION FORMAT – Annexure I

To
The SMOH & Member Secretary,
District Health & Family Welfare Samiti, Dakshin Dinajpur

Application for the post of 'PROGRAMME ASSOCIATE'

1. **Name (In Capital):** _____
2. **Father's/ Guardian Name:** _____
3. **Gender:** Male/ Female/ Others _____
4. **Communication Address:** _____

**Self attested
Passport size
Photograph**

PO.- _____, **PS.-** _____

Dist.- _____, **Pin-** _____

5. **Date of Birth:** ____/____/____ **Age as on 01/01/2016:** ____ days ____ months ____ years.
(DD / MM / YYYY)

6. **Caste Status:** Unreserved/ SC/ST/ OBC-A/ OBC-B

7. **Mobile No.:** _____

8. **E-mail address:** _____

9. **Qualification: (Self attested copy must be submitted with application):**

Sl. No.	Educational Qualification	Major Subjects	Year of Passing	Total Marks	Marks Obtained	Percentage of Marks (%)	Class/ Division
(a)	Secondary						
(b)	Higher Secondary						
(c)	Graduation						
(d)	Post Graduation (if any)						
(e)	Others (if any)						

10. **Experience (Self attested copy of experience certificate must be submitted):**

a.

b.

11. **Details of Demand Draft:**

Draft No.	Date	Drawn Bank	Branch	Amount

Declaration: I do hereby declare that particulars furnished above are correct. If any information/ details found to be incorrect/ false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my service may be terminated.

Place:

Date:

Signature of the Applicant