

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

Memo No. DHFWS/ 2135

Date: 23/09/2015

Notice

Interested eligible candidates are invited to appear in the 'Walk-in-Interview' on 1st October, 2015 at 12.00 noon to 12.30 pm at the office of the Chief Medical Officer of Health (old building), Ground floor, Balurghat, Dakshin Dinajpur, Pin- 733101 for the contractual post of Full time Medical Officers under NUHM, Dakshin Dinajpur at a consolidated monthly remuneration of Rs 40,000/-. All interested candidates are requested to attend the same with their Original testimonials along with a prescribed application form.

Selection criteria:

1. MBBS degree from a MCI recognized institute with one year compulsory Internship. Registered under West Bengal Medical Council.
2. Weightage will be given for higher Qualification.
3. Age should not exceed 63 years as on 01.01.2015.
4. Self attested photocopy of the all mark sheets.
5. Self attested photocopy of age proof of the candidate.
6. An application fee in form of Demand Draft of Rs. 100.00 for General applicant and Rs. 50.00 for reserved categories to be submitted with the application. The Demand Draft should be in favor of District Health & Family Welfare Samiti, Dakshin Dinajpur payable at Balurghat.
7. No TA/DA will be paid to the candidates for the selection test / interview.
8. Self attested recent 2 copies passport size photo to be pasted one in Application Form.
9. Authority reserves the right to cancel all or any application without assigning any reason.

22/9/15

DM & Executive Vice Chairman
DH&FWS, Dakshin Dinajpur

22/9/15
CMOH & Member Secretary
DH&FWS, Dakshin Dinajpur

To
The C.M.O.H & Member Secretary,
Dist. Health & family Welfare Samiti, Dakshin Dinajpur

Attach
passport size
photo duly self
attested

Application for the post of "Full time MO under NUHM, D/Dinajpur"

1. Name (IN CAPITAL Letter):

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2. Father's / Husband's Name (IN CAPITAL Letter)

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3. Gender: Male / Female / Others.

4. Date of Birth :

5. Present Address with PIN code (IN CAPITAL Letter):

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6. Contact Number :

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7. E-mail address:

8. Registration number:

9. Academic Qualification :

| Sl. | Board/University | Exam. Passed | Year of passing | Total Marks | Marks obtained | Percentage | Class / Division |
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10. Details of Draft :

| Draft No. | Date | Drawn Bank | Branch | Amount |
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Declaration : I hereby declare that I have carefully read the condition of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary certificates in original whenever required. 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 services may be terminated.

Date :

Place:

(Signature of the candidate)