

**Govt. of West Bengal**  
**O/O the Chief Medical Officer of Health, Hooghly**  
**New Administrative Building, 1<sup>st</sup> Floor, DRS Compound, Burrabazar, Chinsurah, Hooghly**  
**☎: (033) 2680-1193 / 4858; Fax: (033) 2681 0383**

Memo No. 043

Date: 03.01.2018

**Recruitment Notice**

Application are invited for engagement of 1) Programme Officer, 2) Clinical Psychologist/Psychologist, 3) Psychiatric Social Worker / Social Worker, 4) Psychiatric Nurse / Trained General Nurse, 5) Case Registry Assistant, 6) Community Nurse (Case Manager) in District Mental Health Programme (DMHP) & (1) BAM, (2) Sahayika (3) Cook under NRC Hooghly on purely temporary and contract basis. The details are enumerated here under:


Sl. No.	Post	Number of Vacancy	Qualification	Consolidated Payment per month (Rs)
1	Programme Officer (P.O.) Psychiatrist / MO on deputation or on Contract	01 (one)	<b>For Psychiatrist:</b> Qualified Psychiatrist having qualification of MBBS with MD / DNB Psychiatry / DPN or equivalent PG qualification. <b>For Trained MO:</b> MBBS with 4 months training in Psychiatry in NIMHANS, CIP, LGBRIMH-Tejpur or other identified institutions.	Psychiatrist – 50000/- per months and Trained M.O. 30000/- per month.
2	Clinical Psychologist / Psychologist	01 (one)	<b>For Clinical Psychologist:</b> M.Phil in Clinical Psychology of 2 years duration from any recognized institution. <b>For Trained Psychologist:</b> M.A. / M.Sc in Psychology / Clinical Psychology with 3 months training in Clinical Psychology in NIMHANS, CIP, LGBRIMH-Tejpur or other identified institutions.	For Clinical Psychologist 30,000/- per months and for Trained Psychologist 18,000/- per month
3	Psychiatric Social Worker / Social Workers	01 (one)	<b>For Psychiatric Social Worker:</b> M.Phil in Psychiatric Social Worker of 2 years duration from any recognized institution. <b>For Trained Medical Social Worker:</b> MSW from any recognized institution with 3 months training in PSW in NIMHANS, CIP, LGBRIMH-Tejpur or other identified institutions.	For Psychiatric Social Worker 30,000/- per months and for Trained Medical Social Worker 18,000/- per month
4	Psychiatric Nurse / Trained General Nurse	01 (one)	<b>Psychiatric Nurse:</b> M.Sc in Psychiatric Nursing or DPN <b>Trained General Nurse:</b> GNM from any recognized Nursing Council with one month training in Psychiatric Nursing in NIMHANS, CIP, LGBRIMH-Tejpur or other identified institutions.	Psychiatric Nurse 25,000/- per month and for Trained Genral Nurse 15000/- per month.
5	Case Registry Assistant	01 (one)	Passed HS or equivalent from any Board/Council. Completed 6 months course in Computer Application from an Institution recognized by Government /Autonomous Body.	8,000/- per month
6	Community Nurse (Case Manager)	01 (one)	GNM from any recognized Nursing Council with Administrative Experience	25000/- per month

Table:2:

Sl. No.	Post	Number of Vacancy	Place of Posting	Qualification	Age as on 01.01.2018	Remuneration (Consolidated)
1	Block Accounts Manager (BAM)	01 (one), UR	Anywhere in the Hooghly District	<b>Essential:</b> Minimum Bachelor degree in Commerce from any recognized university with advance knowledge of Computer especially in MS Word, Excel, Power Point, Internet Browsing & Accounting software, eg. Tally. <b>Desirable:</b> Minimum 05(Five) Years of experience in Accounts at Govt./ Govt. Affiliated/Ltd./Pvt. Ltd. Organization.	Upper Age Limit 40 Years	RS 16860/- Per month
2	Sahayika (Attendant) under NRC <b>Only female candidates can apply.</b>	2( SC-1,ST-1)	NRC Pandua	HS Passed & Good command in local Language. Residence within Five Kilometers from NRC is mandatory.	Minimum Age 20 years and Maximum Age 40 years Age Relaxation for reserved category as per Govt Norms.	RS 3500/- Per month
3	Cook (only for Female Candidate)	1 (UR)	NRC Arambagh SDH	HS Passed & Good command in local Language. Must know all types of cooking. Residence within Five Kilometers from NRC is mandatory.	Minimum Age 20 years and Maximum Age 40 years .	RS 5000/- Per month

**Note:-**

- All Candidates are requested to submit the application in the attached prescribed format only duly filled up and self-attested photocopy of all testimonials in support of their qualification, experience etc. One passport size Photograph (duly signed by the candidate) and photocopy of the proof of identity viz. Electoral Identity Card/ Aadhaar Card/ Driving license etc.(Anyone) must be submitted.
- For the post under Mental Health programme, Age criteria would be as per West Bengal State Health & FW Samiti. Guideline.
- Application fees @**Rs 100.00 (Rupees One Hundred only)** for unreserved candidates & **Rs 50.00 (Rupees Fifty only)** reserved category, has to be submitted in the form of Demand Draft to be issued from any nationalized Bank drawn in favour of "**District Health & Family Welfare Samiti, A/C Non-NHM, Hooghly**" payable at Kolkata. Application without application fee in the form of Demand Draft will be summarily rejected.
- In respect of all the posts mentioned above, the place of posting will be at Hooghly District.
- The sealed envelope to be deposited by **hand/ Speed post/ Courier** in the designated Drop Box kept at the office of the **CMOH, Hooghly DRS Building Campus, Chinsurah, Hooghly Pin 712101**, within **19.01.2018 within 05:00 p.m.** positively. Name of the applicant, Name of the post applied for must be written in the Bank Draft & envelop.
- Vacancies may increase for any post in future. A panel will be prepared for posting in future vacancy if any within next one year.
- Candidates are instructed to follow the website ([www.wbhealth.gov.in](http://www.wbhealth.gov.in)) ([www.hooghly.nic.in](http://www.hooghly.nic.in)) regularly for any future reference.

  
 Chief Medical Officer of Health  
 Hooghly

Memo No : 043/1(8)

Date : 03 .01 .2017

Copy Forwarded for information &amp; necessary action please :-

- Smt Ashima Patra, Hon'ble MIC & Chariman Recruitment Committee for Hooghly District.
- The Mission Director, NHM, Govt. of WB Swasthya Bhavan, Kol-91.
- The Director of Health Services & E.O. Secretary Govt. of WB Swasthya Bhavan Kol-91.
- The ADHS(Mental), Govt. of WB ,Swasthya Bhavan Kol-91.
- The District Magistrate, Hooghly.
- The DIO, NIC, Hooghly - with request to upload the recruitment notice in the official Web Site.
- Sri Sourav Ghosh, System Co-ordinator, Govt. of WB Swasthya Bhavan Kol-91 - with request to upload the recruitment notice in the official Web Site.
- Guard File.

  
 Chief Medical Officer of Health  
 Hooghly



# Bio-Data form for the post of Programme Officer (P.O)

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate: .....
2. Father's/Guardian's Name: .....
3. Date of birth: ...../...../..... (DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Registration Number:
7. Name of the Medical Council:
8. Address:

Self-attested  
Passport  
size  
photograph

**Permanent Address:**

**Present Address:**

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P.O.:.....

P.O.:.....

PIN:.....

PIN:.....

District: .....

District: .....

9. Mobile Number:.....

10. Academic Qualification:

Name	University/ Board	% of marks obtained (as the case may be)	Academic Distinction, Honours, Medals, Certificates	Chances taken to pass	Year of passing
1 <sup>st</sup> MBBS					
2 <sup>nd</sup> MBBS					
3 <sup>rd</sup> MBBS					
Diploma					
Post Graduate degree					
Any other qualification					

11. Year of working experience in Mental Health Sector/Month of experience in House Job in Psychiatry (must have experience certificate):

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

12. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

### Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Programme Officer (P.O.) under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**

# Bio-Data form for the post of Clinical Psychologist / Psychologist

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate: .....
2. Father's/Guardian's Name: .....
3. Date of birth: ...../...../..... (DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:

Self-attested  
Passport  
size  
photograph

**Permanent Address:**

**Present Address:**

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P.O.: .....

P.O.: .....

PIN: .....

PIN: .....

District: .....

District: .....

7. Mobile Number: .....

08. Academic Qualification:

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					
Graduation or Equiv.					
M.A. / M.Sc					
M. Phil					
Any other qualification					

09. Year of working experience in Mental Health Sector/Psychiatric Set-up / Others (must have experience certificate):

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

10. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

### Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Clinical Psychologist / Psychologist under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**

# Bio-Data form for the post of Psychiatric Social Worker / Social Worker

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate: .....
2. Father's/Guardian's Name: .....
3. Date of birth: ...../...../..... (DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:

Self-attested  
Passport  
size  
photograph

**Permanent Address:**

**Present Address:**

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 P.O.: ..... P.O.: .....  
 PIN: ..... PIN: .....  
 District: ..... District: .....

7. Mobile Number: .....

08. Academic Qualification:

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					
Graduation or Equiv.					
Post Graduation					
M. Phil					
Any other qualification					

09. Year of working experience in Mental Health Sector/Psychiatric Set-up / Others (must have experience certificate):

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

10. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

### Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Social Worker / Social Worker under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**



# Bio-Data form for the post of Psychiatric Nurse/ Trained General Nurse

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate: .....
2. Father's/Guardian's Name: .....
3. Date of birth: ...../...../..... (DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:

Self-attested  
Passport  
size  
photograph

**Permanent Address:**

**Present Address:**

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 P.O.: ..... P.O.: .....  
 PIN: ..... PIN: .....  
 District: ..... District: .....

7. Mobile Number: .....

08. Academic Qualification:

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					
Graduation or Equiv.					
GNM					
M. Sc					
Any other qualification					

09. Year of working experience in Mental Health Sector/ Others (must have experience certificate):

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

10. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

### Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Social Worker / Social Worker under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**

# Bio-Data form for the post of Community Nurse (Case Manager)

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate: .....
2. Father's/Guardian's Name: .....
3. Date of birth: ...../...../..... (DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:

Self-attested  
Passport  
size  
photograph

**Permanent Address:**

**Present Address:**

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 P.O.: ..... P.O.: .....  
 PIN: ..... PIN: .....  
 District: ..... District: .....

7. Mobile Number: .....

08. Academic Qualification:

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					
Graduation or Equiv.					
GNM					
M. Sc					
Any other qualification					

09. Year of working experience in Mental Health Sector/ Others (must have experience certificate):

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

11. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

**Declaration**

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Social Worker / Social Worker under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**

# Bio-Data form for the post of Case Registry Assistant

(To be filled in by the candidate in BLOCK LETTER)

01. Name of the Candidate: .....

02. Father's/Guardian's Name: .....

03. Date of birth: ...../...../..... (DD/MM/YYYY)

04. Sex (Male/Female):

05. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH

06. Address:

**Permanent Address:**

**Present Address:**

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P.O.: .....

P.O.: .....

PIN: .....

PIN: .....

District: .....

District: .....

District: .....

District: .....

07. Mobile Number: .....

08. Academic Qualification:

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					

09. Computer Course:

Course Name	Institution/ Organization Name	Duration	Marks/Grade Obtained	% of Marks

10. DD No : ....., DD Date : ....., Name of the Bank .....

.....  
**Full Signature of the Candidate**

### Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Social Worker / Social Worker under DMHP is liable to be cancelled without any further information to me.

Date & Place: -

.....  
**Signature of the Applicant**



**Application format for the post of ..... (Pl. specify)**

**(BAM/ Sahayika under NRC/ Cook under NRC)**

**(To be filled in by the candidate in BLOCK LETTER)**

01. Name of the Candidate: .....  
02. Father's/Guardian's Name: .....  
03. Date of birth: ...../...../..... (DD/MM/YYYY)  
04. Sex (Male/Female):  
05. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH

Self-attested  
Passport  
size  
photograph

**06. Address:**

**Permanent Address:**

**Present Address:**

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P.O.: .....  
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District: .....

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P.O.: .....  
PIN: .....  
District: .....

07. Mobile Number: .....

**08. Academic Qualification:**

Name	University/ Board	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv.					
H.S. or Equiv.					
Graduation					
Other (Plz specify)					

**09. Computer Course:**

Course Name	Institution/ Organization Name	Duration	Marks/Grade Obtained	% of Marks

**10. Experience :**

Sl. No	Name of the Organization	Designation	Type of work	Year/Month of experience (upto 31/10/17)

11. DD No : ....., DD Date : ....., Name of the Bank .....

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**Full Signature of the Candidate**

**Declaration**

I solemnly declare that (A) all statements made in this application are true, complete & correct to the best of my knowledge ; (B) Original documents will be produced on demand; (C) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences as desired by the competent authority.

Date & Place: -

.....  
**Full Signature of the Candidate**