

No. DH&FWS/ 217

Date: 29/01/2018

RECRUITMENT NOTICE

District Health & Family Welfare Samiti, Malda will engage purely on contract basis for the following posts:

Sl. No	Name of the Post	No. of Post	Place of Posting	Qualification	Period of Engagement	Age (As on 01.01.2018)	Remuneration (Consolidated) Rs.
A	MO (RNTCP)	01(UR)	DTC, Malda	Essential Qualification : 1. MBBS or equivalent degree from institution recognized by Medical council of India; Must have completed compulsory rotatory internship Preferential Qualification: 1. Diploma / MD Public Health/PSM/Community Medicine/CHA/Tuberculosis & Chest diseases 2. One year experience in RNTCP 3. Basic knowledge of computer	Upto 31.03.2018	Not more than 65 years	Rs.40,000/-
B	District PPM (Public-Private mix) Co-ordinator	01(UR)	DTC, Malda	Essential Qualification : 1. Post Graduate 2. One year Experience of working in field of Communication/ACSM / Public-Private Partnership /Health projects/ programs 3. Permanent two wheeler driving license & should be able to drive two wheeler Preferential Qualification: 1. Preference to those who have worked in RNTCP 2. Certificate /Diploma /Degree/Masters holders in Social Sciences/ Mass Media /Communication/Rural Development Advocacy /Partnerships /related field 3. Basic knowledge of computer	Upto 31.03.2018	Not more than 40 years	Rs. 19,000/-
C	Accountant (Full Time)	01(UR)	DTC, Malda	Essential Qualification Graduate Degree (B. Com) from any recognized University Preferential Qualification: 1. 02(two) years of experience in maintenance of double entry cash book 2. Experience in working with accounting software for at least 2 years	Upto 31.03.2018	Not more than 40 years	Rs. 10,000/-

[Handwritten Signature]
29/1/18

Sl. No	Name of the Post	No. of Post	Place of Posting	Qualification	Period of Engagement	Age (As on 01.01.2018)	Remuneration (Consolidated) Rs.
D	Senior Tuberculosis Laboratory Supervisor(S TLS)	01(SC)	Any TU of Malda district	Essential Qualification : 1. Graduate 2. Diploma in Medical Laboratory Technology or equivalent from a Govt. recognized institution 3. Permanent two wheeler driving license & should be able to drive two wheeler 4. Certificate course in computer operations(minimum two months) Preferential Qualification: Minimum one year experience in RNTCP	Upto 31.03.2018	Not more than 40 years	Rs. 17,720/-
E	Accountant	01(UR)	Office of DMO (AYUSH)	Eligible retired Government Employee from the same rank. He must be a computer literate person.	Upto 31.03.2018	Below 62 years.	As per existing financial rules
F	GNM	02(SC-01,UR-01)	Thalassaemia Control Unit (MMC&H)	Minimum Qualification required: Completed GNM course recognized by Indian Nursing Council(INC) Desirable: Experience in working with Thalassaemia patients and their families.	Upto 31.03.2018	Maximum 40(Forty) years	Rs. 16,860/- + Rs. 300/- Washing allowance per month
G	Laboratory Technician	02(SC-01,UR-01)	Thalassaemia Control Unite(MMC&H)	Minimum Qualification required: HS or equivalent with Physics, Chemistry & Biology 2 years Diploma course in Medical Laboratory Technology from any institute recognized by W.B. Govt. Desirable: Experience in handling Cell counter and HPCL machines.	Upto 31.03.2018	Maximum 40(Forty) years	Rs. 16,860/- per month


 Secretary District Health & Family Welfare Samity
 ✓ & Chief Medical Officer of Health, Malda

Memo No: - DH & FWS/ 217/1(10)

Dated: 29/01/2018

Copy forwarded for information and necessary action to:-

1. Dr. Moazzem Hossain, Chairman, Recruitment Committee, Malda
2. The District Magistrate, Malda
3. The Addl. District Magistrate(G), Malda
4. The Addl. District Magistrate(ZP),Malda
5. The MSVP, Malda MMC&H, Malda
6. The Dy. CMOH- I,II,III,DMCHO,DTO, Malda
7. The District Informatics Officer(NIC), Malda, District Collectorate Building, Malda with request to publish the recruitment notice in www.malda.gov.in
8. Mr. Sourav Ghosh, System Co-ordinator, IT Cell, Swasthya Bhawan, Kolkata with request to publish the recruitment notice in www.wbhealth.gov.in
9. The HC, CMOH Office Malda with request to make arrangement of recruitment process
10. The District Programme Coordinator, Malda with request to co-operate


Secretary District Health & Family Welfare Samity
& Chief Medical Officer of Health, Malda

General Information & instructions for Applicants

1. Application with Application fee of Rs. 100.00 (50% i.e. Rs. 50/- for reserved categories) by Demand Draft in favour of **District Health & Family Welfare Samity, Malda** should be submitted in prescribed format for all posts. **Application should reach at the Office of the Secretary, District Health & Family Welfare Samity & Chief Medical Officer of Health, Malda, P.O:- Jhaljhalia (J.R.C.), Dist:- Malda, Pin- 732102 within 12.02.2018 upto 5.00 pm.** Applicants may collect the application format from the Notice Board of the Office of the CMOH, Malda or download the same from the website i.e. www.malda.gov.in / www.wbhealth.gov.in
2. *Following documents (self attested) have to enclose with the application format :*
 - i. Mark Sheet & Certificate of all Examination passed
 - ii. Admit Card (Madhyamik or equivalent) for age proof
 - iii. Caste Certificate (where applicable)
 - iv. Registration Certificate of Medical Council (For Medical Officer)
 - v. Computer Qualification Certificate (where applicable)
 - vi. Working Experience Certificate (if any)
 - vii. Technical Knowledge Certificate (if any)
 - viii. Driving license (where applicable)
 - ix. Residential Proof – Voter ID Card/ Ration Card/ Adhaar Card/ Passport/ Certificate from competent authority etc.
 - x. ID Proof - Voter ID Card/ Ration Card/ Adhaar Card/ Passport etc;
3. **For the post of B. District PPM (Public-Private mix) Co-ordinator, C. Accountant (Full Time) Senior & D. Treatment Supervisor (STS)** application should have at least 50% marks in all requisite qualification. A short list is to be prepared for each category of post according to merit on the marks obtained in essential/ preferential qualification and experience etc. marks on academic career are to allotted from Madhyamik and onwards to requisite qualification.
4. A panel of the suitable candidates will be prepared for each category of posts & remain valid for 1 year from publication of the result.
5. For appearing at the Computer Test and Interview, **No TA/DA will be paid.**
6. Only short listed candidates on the basis of weightage on Educational Qualification, Experience etc. will be called for Computer Knowledge Test / Exam. / Interview.
7. The candidature of the applicant shall be cancelled at any stage of recruitment if the supportive certificate and information given in application is found false.
8. District Health and Family Welfare Samity reserves the right to cancel the recruitment process at any stage without assigning any reason thereof. The decisions of the selection committee in any case should be considered final.
9. Canvassing in any form will be considered as disqualification.
10. Incomplete application will be rejected.


Secretary District Health & Family Welfare Samity
& Chief Medical Officer of Health, Malda,

APPLICATION FORMAT

(To be filled up by the candidates own hand writing)

*Affix Recent
Passport size
photograph duly
attested on photo by
the applicant*

To
The Secretary, DH & FW Samity
& CMOH, Malda

Application for the post of _____

Memo No. DH&FWS/_____ Date_____

Draft No. _____ Date: _____ Amount _____

Name of the applicant (in BLOCK letters) : _____

Father's/ Husband's/ Guardian's Name : _____

Full Address for correspondence : _____

Dist. _____ PIN _____

Present Address : _____

Dist. _____ PIN _____

Contact Number: _____ Nationality _____

Email ID: _____

Date of Birth : _____ DD _____ MM _____ YYYY Sex _____

Age as on 01.01.2018 _____ Days _____ Months _____ Years.

Caste Status: _____ Marital Status _____

Educational Qualification (Attested copy must be submitted with the application) :

Sl. No.	Exam. Passed (Strike out which is not applicable)	Year of passing	Board / Council / University	Total Marks	Marks Obtained	% Marks	Division
a.	Madhyamik						
b.	Higher Secondary						
c.	Graduation (BA / B.Com. / B.Sc./ BCA)						
d.	MBBS						
e.	Post Graduation						

Details of Technical Qualification (Attested copy must be submitted with the application):

Sl. No.	Exam. Passed	Year of passing	Board / Council / Institution/ University	Total Marks	Marks Obtained	% Marks	Division/ Result

Details of Working Experience (Attested copy must be submitted with the application) :

Sl. No.	Name of the Organization / Institution	Key task assigned	Period		Year of experience
			From	To	
Total Year of Experience :					

I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage of recruitment thereafter it shall disqualify me for the post applied for and/or I shall be liable for any other action that may be taken under the extant rules.

Date : _____

Signature of the Applicant

Place : _____

General Information & Instructions for the applicant:-

Following documents in original have to produce:

- (a) Mark sheet of all examination passed (b) Academic Admit Card (c) Academic Certificate (d) Technical Training / Computer Training Certificate (e) Working Experience Certificate (f) Residential Certificate (g) Voter ID Card & Ration Card (h) Cast Certificate, where applicable.

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APPLICATION FORMAT

(To be filled up by the candidates own hand writing)

To
The Secretary, DH & FW Samity
& CMOH, Malda

*Affix Recent
Passport size
photograph duly
attested on photo by
the applicant*

Application for the post of Accountant (retired Government Employee)

Draft No. _____ Date: _____

Name of the applicant (in BLOCK letters) : _____

Father's/ Husband's/ Guardian's Name : _____

Present Address : _____

Dist. _____ PIN _____

Contact Number: _____ Nationality _____

Date of Birth : _____ dd _____ mm _____ yyyy Sex _____

Age as on 01.01.2018 _____ days _____ months _____ years.

Caste Status: _____

For Accountant & Lower Division Assistant							
Sl.No.	Name & Designation at the time of Superannuation	Date of Birth	Date of Superannuation	Full Postal Address	Contact No.	Details of Pay & emoluments last drawn	Pension Drawn

I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage of recruitment thereafter it shall disqualify me for the post applied for and/or I shall be liable for any other action that may be taken under the extant rules.

Date : _____

Place : _____

Signature of the Applicant