



GOVT. OF WEST BENGAL OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH & SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY RAMPURHAT HEALTH DISTRICT

E.mail: <u>cmohrampurhathd@gmail.com</u> Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 30 56

Dated: 09.11.2022.

WALK-IN INTERVIEW

(FOR RECRUITMENT OF DIFFERENT CONTRACTUAL MEDICAL OFFICER UNDER DH&FWS, RAMPURHAT HD)

A Walk-in Interview will be conducted by the District Level Selection Committee (DLSC) of District Health and Family Welfare Samiti, Rampurhat Health District for engagement of different contractual positions under National Health Mission, details of the posts are mentioned below -

01.	Name of the post	Medical Officer-AFHC				
	Name of the Programme	RKSK				
	Number of post & Category	01 UR under RKSK				
	Place of posting	Adolescent Friendly Health Clinic(AFHC) under Rampurhat HD				
	Monthly Consolidated Remuneration	Rs.60,000/-				
	Age as on 1st January 2022	Upper age limit 62 years				
	Qualifications	MBBS from a MCI recognized institute with 01 year compulsory internship. Must be registered under West Bengal Medical Council. Preference will be given for post Graduate Diploma/Degree in G&O or Paediatrics and Similar experience.				
	Scale of scoring	Total 50 Marks 1. Qualification: 15 (Graduation -05, Diploma-05, Masters -10) 2. Interview: 10 3. Experience: 25 @5 points /year Merit list will be prepared based on the marks obtained in qualification, experience and Interview.				
	Short listing method					
	Application Format	Annexure- A				
	Name of the post	Part Time Medical Officer				
)2	Name of the Programme	NUHM				
	Number of post & Category	01 (UR)				
	Place of posting	UPHC-I under Rampurhat Health District				
	Monthly Consolidated Remuneration	Rs.24,000/- (Rupees Twenty Four Thousand only)				
	Age as on 1st January 2022	Upper age limit 62 years				
	Essential Criteria	 a) MBBS from a MCI recognised institute with 01 year compulsory internship. b) Must be registered under West Bengal Medical Council. c) Weightage will be given for higher Qualification. 				
	Scale of Scoring (Full Marks 100)	MBBS: 80 marks (based on % of marks obtain in the final examination) PG Degree: 10/ PG Diploma: 05 marks				





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Experience: 10 mark (@ 2 marks for each completed years of post qualification experience up to maximum of 05 years)

Application Format

Annexure- B

The eligible candidates should appear before the 'District Level Selection Committee' of District Health and Family Welfare Samiti, Rampurhat Health District located at MNK Road, Old Outdoor Campus, Kamarpotty More, Rampurhat, Dist. Birbhum, Pin- 731224, W.B. on the specified date i.e. 19th November, 2022 at 10.30 a.m. along with the application in prescribed format with original & one set self attested photocopy of the following documents/information

- i. Application as per Proforma
- ii. Admit card of Madhyamik Examination as age proof
- iii. Photo Id Proof (Passport/Voter card/ Aadhaar card/ Driving License/ PAN card)
- iv. Caste Proof Certificate, if applicable
- v. Application fee deposit receipt. (Application fee Rs. 100/- for General Caste & Rs.50/- for Reserved Category(SC/ST/OBC must be deposited in favour of A/C No. 0212010364782, IFSC PUNB0021220, PNB of District Health and Family Welfare Samiti, Rampurhat HD).
- vi. All mark sheets of MBBS Degree, PG Diploma/ PG Degree.
- vii. Certificate of MBBS Degree, PG Diploma/ PG Degree
- viii. Experience Certificate working as Medical Officer in any Govt. /Semi-Govt./Private Hospital/Nursing Home, if any.
- ix. Registration Certificate in West Bengal Medical Council.

Correspondence Address:

Office of the Chief Medical Officer of Health MNK Road, Old outdoor campus, Kamarpotty More, Rampurhat Dist. Birbhum, Pin- 731224, W.B.

Member Secretary
District Health & Family Welfare Samiti
Rampurhat Health District, Birbhum

Memo No. DHFWS/RPH/DPMU/ 3056/1 (6).
Copy forwarded for information to:

1. The Director of Health Services, Swasthya Bhawan, Salt Lake, Kolkata-91

- 2. The Executive Director, WBSH&FWS & Mission Director, NHM , Swasthya Bhawan, Salt Lake, Kolkata-91
- 3. The PO-I, NHM, Swasthya Bhawan, Salt Lake, Kolkata-91
- 4. The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Salt Lake, Kolkata-91
- 5. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 with requested to publish this advertisement in the wbhealth.gov.in website

Office copy.

Member Secretary
District Health & Family Welfare Samiti
Rampurhat Health District, Birbhum

OF/

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Dated: 09.11.2020





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E.mail: cmohrampurhathd@gmail.com Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 3056/2 (9)

Dated: 09.11-2022.

Copy forwarded for information to:-

- 1. Dr. Asish Banerjee, Hon'ble Deputy Speaker, Govt. Of West Bengal
- 2. The District Magistrate, Birbhum
- 3. The SDO, Rampurhat Sub-Division, Rampurhat, Birbhum
- 4. The Dy.CMOH-II/Dy.CMOH-III/DMCHO/DTO/ACMOH/DPHNO/A.O., Rampurhat HD
- 5. The OC, Health, Birbhum
- 6. The BMOH & BDOs of all Block, Rampurhat HD
- 7. The DPMU (all), Rampurhat HD
- 8. The DIO, NIC with request to publish this advertisement in the official webpage of Birbhum.

9. Office copy.

Member Secretary District Health & Family Welfare Samiti Rampurhat Health District, Birbhum

11. Essential Qualification (attached additional sheet, if required):

Exam Passed	Board/University	Full Marks	Marks obtained	% age of marks	Year of
MBBS		Mar N3	obtained		passing
PG Degree (Please mention name of the degree)					
PG Diploma (Please mention name of the degree)					

10. Fees deposit Amount : Rs......, NEFT dateThrough

12. Registration number under West Bengal Medical Council:

13.A)	experience	in Public I	dealth	(Govt.):
	A 4	The second secon		31,000,000,000,000

a. Name of the Post

b. Name of the Institution

c. Years of experience

B) Experience in Public Health (Private):

o. Name of the Post

Gender
 Caste

p. Name of the Institution

q. Years of experience

14. Enclosure (mentioned in details):

l.	SL. No.	
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I do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

	Appli	cation Format For F	art Time Medica	l Officer under N	UHM An	nnexure -B
Appli	ication for the post o	f:				Affix one
1.	Name (Block lette	er) :				colour receipassport siz
2.	Father's Name/Husb	and 's Name :				photo
3.	Address (in details)		: Village/Town	1:		
	Block/Municipality:		District;			
4.	Contact number (Mo	bile) :				
5.	Email Id (mandatory)	ž.			
6.	Date of birth		ě			
7.	Age (as on 01.01.202	2) :				
8.	Gender		į.			
9.	Caste		2			
10.	Fees deposit Amount	: Rs		. through (offline	online mode of depo	osit)
	Photo ID Proof submi				, Number	r
E	Exam Passed	Board/Univers	ity Full Marks	Marks obtained	% age of marks	Year of passing
	MBBS					
	PG Degree					
	PG Diploma					
14.	Registration number Experience: a. Name of the b. c. Name of the d. e. Years of exp	Post Institution				if required)
13.	1000	d in details) :				
	Sl. No.			St. No.		
	1			7		
	2			8		
	3			9		
	4			10		
	5			11		
	6			12		

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Date of Application