GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
NATIONAL HEALTH MISSION, BIRBHUM
TEL/FAX : 03462-257566, 255216
Email- cmohbirbhum@gmail.com

Memo.no.DHFWS/DPMU/2204 Dated: 21.10.2019

WALK IN INTERVIEW-2019

(Contractual basis)

In pursuance with the Govt. order vide no. 287/HF/AYUSH-24/2019 dated 19.07.2019 issued by Addl. Secretary & DG AYUSH & Executive Director the DHFWS Birbhum (AYUSH Samity) intends to engage 01 (one) YOGA Instructor @ **Rs. 25000.00 per month** and 01 (One) YOGA Assistant **@ Rs. 10000.00** per month on contractual basis through an walk in interview to be held on 06.11.2019 at 11 am at the office of the CMOH Birbhum. Application fee **Rs. 100/- for General Caste & Rs. 50/- for reserved category (SC/ST/OBC/PH) must be submitted on the date of interview along with application format** in form of **DD/Banker's Cheque** in favour of DHFWS, Birbhum **payable at Suri**.

Name of the Post	**Yoga Instructor**
No. Of Post	01(one)
Qualification & experience	a) Graduate in any discipline of any recognized University/Institution. b) 1(one) year Post Graduate Diploma in Yoga/ Yoga Education/ Yoga Therapy from UGC recognized University/ 1(one) year Yoga & Naturopathy trainee course under West Bengal Council of Yoga and Naturopathy. c) Registered under the West Bengal Council Of Yoga and Naturopathy. d) Professional experience of three years from any reputed institution/ Organization. e) Ability to speak read & write in Bengali.
Age	Not exceeding 40 years as on 01.11.2019
Emoluments (per month)	Rs.25000/- per month (consolidated)
Period of engagement	Initially for a period of one year
Reporting Time	11 am to 11.30 am
Place of Posting	AYUSH CENTER SURI SADAR HOSPITAL
Name of the Post	**Yoga Assistant**
No. Of Post	01(one)
Qualification & Experience	a) Under Graduate degree in any discipline from any recognized University/ institution. b) 1(one)year Yoga& Naturopathy Trainee Course under West Bengal council of Yoga and Neuropathy

GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
NATIONAL HEALTH MISSION, BIRBHUM
TEL/FAX : 03462-257566, 255216
Email- cmohbirbhum@gmail.com

	c) Registered under the West Bengal council of Yoga Naturopathy. d) Ability to speak read & rite in Bengali
Age	Not exceeding 40 years as on 01.11.2019
Emoluments (per month)	Rs.10000/- per month (consolidated)
Period of engagement	Initially for a period of one year
Reporting Time	11 am to 11.30 am
Place of Posting	AYUSH CENTER SURI SADAR HOSPITAL

Date of interview: **06.11.2019 from 11 am**
Venue :- CMOH office chamber

21/10/19

Chief Medical Officer of Health
Birbhum

Memo.no.DHFWS/ DPMU/ 2204/1(21) **Dated: 21.10.2019**

Copy forwarded for information to:-

1. Hon'ble Mr. Chandranath Sinha, MOS, MLA & Chairman of Selection Committee
2. The Sabhadhipati, Birbhum Zilla Parishad
3. The Mission Director, NHM
4. The Director of Health Services, Govt. of West Bengal
5. The Director of AYUSH, Swasthya Bhavan, Kolkata
6. The Jt. Secretary (Ayush), Swasthya Bhavan, Kolkata
7. The AMD (NHM) Swasthya Bhavan, Kolkata
8. The Executive Director, WBSHFWS
9. The PO NHM, Swasthya Bhavan, Kolkata
10. The District Magistrate, Birbhum
11. The Addl District Magistrate, (Gen), Birbhum
12. The Swasthya Karmadkshya, Birbhum Zilla Parishad
13. The SDO Suri/Bolpur/Rampurhat Sub division.
14. The BDOs all
15. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO/DPHNO
16. The DMO, AYUSH Birbhum
17. The ACMOH all
18. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
19. The DIO, NIC – with the request to publish advertisement in the official webpage of Birbhum
20. IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – he is requested to publish this advertisement in the wbhealth.gov.in website.
21. The DPMU Section for overall management of recruitment process.

21/10/19

Chief Medical Officer of Health
Birbhum

APPLICATION FORMAT

Affix one colour recent passport size photo

Application for the post Yoga instructor/Yoga Assistant

1. Name (Block letter) :-
2. Father's Name/Husband 's Name :-
3. Address (in details) :- Village/Town:.....
   P.O: ..... Pin:.....
   Block :..... District: .....
4. Contact number (Mobile) :-
5. Email Id (mandatory) :-
6. Date of birth as on 01.11.2019 :-
7. Age :-
8. Sex :-
9. Caste :- General ☐ SC ☐ ST ☐ OBC-A ☐ OBC-B ☐
10. Educational Qualification :-

Exam Passed	Board/University	Full Marks	Marks obtained	% age of marks	Year of passing

Documents required (Xerox copy)

- Application as per proforma
- Admit card of Madhyamik Examination
- Mark sheet of MP, HS, Graduation, technical qualification & Post Graduation (As applicable)
- Residence Proof certificate
- Caste proof certificate (if need)
- Computer Knowledge certificate
- Experience certificate as mentioned above

I declare that the information furnished above are true. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further intimation to me.

Dated : Signature of Applicant