

DISTRICT HEALTH & FAMILY WELFARE SAMITI PURBA MEDINIPUR DISTRICT

Registration No. – S/IL/10904 of 2002 – 2003

Tamluk, Purba Medinipur, PIN – 721636

Memo No. CMOH/Pbmd/DPMU/336

Date – 19.01.2023

RECRUITMENT NOTICE – II

WALK – IN – INTERVIEW on 27th January, 2023 from 12.00 Noon to 05.00 PM at the Office of the CMOH, Purba Medinipur

Sl. No.	Programme Head	Name of post / Designation	No. of post	Age as on 01.01.2023	Essential Criteria	Preferential Criteria	Place of posting	Remuneration	Mode of selection
01	XV FC	Specialist (Medicine)	3 (SC-1, UR-2)	Not exceeding 62 Years	MBBS with PG Degree in General Medicine from a MCI recognized institute/DNB. Must have completed compulsory 1 year internship and has West Bengal Medical Council Registration.	-	In any Polyclinic of the district.	Rs.3000/- per Day (at least 3 hours per day) for thrice a week	Walk in Interview
02	XV FC	Specialist (Paediatric)	3 (SC-1, UR-2)	Not exceeding 62 Years	MBBS with PG Degree in Paediatric Medicine from a MCI recognized institute/DNB. Must have completed compulsory 1 year internship and has West Bengal Medical Council Registration.	-		Rs.3000/- per Day (at least 3 hours per day) for thrice a week	Walk in Interview
03	XV FC	Specialist (G & O)	3 (SC-1, UR-2)	Not exceeding 62 Years	MBBS with PG Degree in Gynaecology & Obstetrics from a MCI recognized institute/DNB. Must have completed compulsory 1 year internship and has West Bengal Medical Council Registration.	-		Rs.3000/- per Day (at least 3 hours per day) for thrice a week	Walk in Interview
04	XV FC	Specialist (Ophthalmologist)	3 (SC-1, UR-2)	Not exceeding 62 Years	MBBS with PG Degree in Ophthalmology from a MCI recognized institute/DNB. Must have completed compulsory 1 year internship and has West Bengal Medical Council Registration.	-		Rs.3000/- per Day (at least 3 hours per day) for twice a week	Walk in Interview

Date of Interview & Reporting Time : 27th January, 2023. Time - 12 Noon to 5.00 PM

Venue of Interview : Office of the Chief Medical Officer of Health, Tamluk, Purba Medinipur, Pin – 721636

* Interested candidates are requested to visit the official website of www.purbamedinipur.gov.in / www.wbhealth.gov.in to download the Application Format and General Information.

GENERAL INFORMATION FOR THE APPLICANTS / CANDIDATES ARE AS FOLLOWS:

1. Application Forms not properly filled in or incomplete Application Forms are liable to be cancelled.
2. The Essential Qualifications mentioned are the minimum and mere possession of the same dose not entitles the candidate to claim selection. All the essential qualifications must be completed on the date of submission of application.
3. The Originals & photocopies of each of the following documents stated below must be brought at the time of Interview and enclosed the photocopies of documents with the application.
 - Age proof of certificate (Madhyamik or equivalent examination certificate)
 - Certificate of MBBS with PG Degree / DNM and West Bengal Registration.
 - 1 Year compulsory Internship.
 - Caste certificate.
 - Photo Proof Identity Card (Passport or Voter ID)
 - Proof of Address (Passport or Voter ID or Aadhaar ID)
4. The decision of the competent authority regarding the engagement will be final.
5. The CMOH reserves the right to change / modify any / all of the above conditions.



**CMOH & Secretary
District Health & Family Welfare Samiti
Purba Medinipur**

APPLICATION FORMAT

To,
The CMOH & Secretary,
District Health & Family Welfare Samiti,
Purba Medinipur

Paste
recent
photo here

APPLICATION FOR THE POST OF SPECIALIST

Sir,

In response to your advertisement notice no. _____ Date _____

for the post of _____ Post Sl. No. _____, I prefer myself as a candidate. Details of my BIO-DATA is stated below :

1. Name in full (IN CAPITAL LETTERS) :
2. Father's Name :
3. Husband's Name (for married female) :
4. Date of Birth (DD/MM/YYYY) :
5. Age as on 01.01.2023 :
6. Sex :
7. Marital Status :
8. Caste / Category of W.B (Put Tick Mark) : GEN SC ST OBC-A OBC-B PH
9. Are you Physically Handicapped (write Yes or No) :
10. Address (as mentioned in EPIC/ADHAAR) :
11. Mobile Number :
12. e-Mail ID :
13. Qualification Details :

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage
01	Madhyamik / Equivalent					
02	MBBS					
03	PG / DNB / Post-doctoral					
04	Experience					

Declaration

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically. I shall also be liable to punished as per law.

Place:

Date:

Signature of Applicant