



OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI 11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH – 711101

No: DHFWS/HOW/1025 Date: 08.05.2023

WALK-IN INTERVIEW FOR THE POST OF MEDICAL OFFICER UNDER NUHM

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of Medical Officer under National Urban Health Mission (NUHM) will be conducted on 18th May 2023 (Thursday) at 12:00 Noon at the DRS Hall (1st Floor), Bungalow Office Campus of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101 (Near Mallikphatak, between Correctional Home (Jail) & BSNL Office).

Name of the Post	Number of Vacancy	Place of Posting	Age limit as on 1st January 2023	Essential Criterion	Remuneration
Medical Officer – Full Time (NUHM)	06 (UR-1, ST-1, SC- 3, OBCB-1)*	Any U-PHC under NUHM in Howrah	67 years or less	 MBBS from a MCI recognized Institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council 	Rs.60,000/-

^{*}Vacancy may increase as per functioning status of U-PHC which may be filled-in from the available panel of eligible candidates within one year from the date of approval of the panel.

Mode of Selection: It may two stages selection process. 1. Screening of documents in time of walk-in interview & 2. Interview (Viva-voce). Final selection may be made on the basis of mark obtained in interview (Viva-voce) and academic weightage.

Desiring Medical Officer may attend the walk-in interview along-with the specific filled-in application format, a photocopied set of following listed documents for verification of document and interview on the scheduled date. This is to further inform that candidates must be present at the time of verification along-with all required documents personally and no third party will be allowed at that time. After verification of documents, if the candidate found eligible, will be allowed for attending the subsequent stages of selection such as Interview. If found ineligible after document verification, the candidate will not be allowed to appear the next stage of selection. No change of date and time will be entertained from this end.

The candidates must bring undernoted original and self-attested photocopied documents for verification:

- A printed copy of the filled-in application format with a passport size recent colour photo as follows
- Proof of Identity (Passport or Voter ID Card or AADHAR Card or PAN Card)
- Proof of Address (Passport or Voter ID Card or AADHAR Card or Ration Card)
- Proof of Age (Madhyamik or equivalent examination certificate/Admit Card)
- All marksheets and pass certificates starting from Secondary onwards (including MBBS)
- Registration Certificate under West Bengal Medical Council
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- · Experience certificates mentioning the period of working.
- Caste certificate, if applicable.

Candidates will note that:

- 1. Verification of testimonials &/or appearing any stage of selection do not entitle the candidate to claim the selection or engagement
- 2. No candidate will be allowed to appear in the Verification beyond the reporting time (10:00 AM)
- 3. Candidates, who are not eligible after verification process, will not be called for the subsequent stages of the selection process, if any
- 4. Candidates who fail to turn up as per below mentioned schedule, she/he shall not be considered for selection.
- 5. Decision of the Competent Authority regarding the verification and engagement is final.
- 6. List of eligible & ineligible, select & waiting panel of candidates will be posted at www.healthyhowrah.org
- 7. No TA/DA is admissible for attending the verification

Chief Medical Officer of Health & Secretary

DHFWS, Howrah

Enclosure: Application Format

APPLICATION FORM (Fill-in the form in CAPITAL LETTER only)

Post Applied for						Add recer passport photog	size self
1. Name:							
2. Father's / Mother's	/ Husband's Name :				•		
			1				
3. a. Date of Birth b. Age as on 01.01	: 1.2023 : Yrs	4. Dist	trict of Domicile:		5. Sex (M/F/O):		
6. a. Address for Cor			7. Caste (SC /ST /OBC-A /OBC-B /Unreserved):				
b. Permanent Add	iress:			8. Present Teleph	one No :		
9. Email Address:			10. Mobile No.:				
11. Education: please	e list all qualification	is		(MBBS onwards)			
Degree	University / Board etc.	Year of p	assing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance

12. Employment Record	:			
(Total years of post-qual	ification experience) :			
	nt: (Use separate sheets if re			
		er all the employments you have had.		
13 A. Current Employer Name of Employer:	nent:			
From	То	Designation		
Month / Year	Month / Year			
Location of Employment:				
Description of your du	ities:			
13 B. Previous Employ	/ment:			
Name of Employer:				
From Month / Year	To Month / Year	Designation		
Woharr roa	monary rodi			
Location of Employment:				
13 C. Previous Employ	yment:			
Name of Employe	er:			
From Month / Year	To Month / Year	Designation		
Location of Employment:				
Description of your du	uties:			
14. For the post of : Me A. Whether 01 yea	edical Officer- or internship done (Yes / No)			
B. Whether Regist	ered under West Bengal Med	dical Council (Yes / No)? Registration Number :		
		Declaration		
of my knowledge and be	elief. If any information furnis didature for contractual recru	shed above are based on material records and are true to the best shed or any part of it is found to be incorrect, then I do believe and uitment to the post I have applied for is liable to be cancelled without		
Place :				
Date :		Signature of the Applicant		