

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Purba Bardhaman

Memo No.:704/DH&FWS/I-48

Dated Bardhaman, the 30th October, 2017

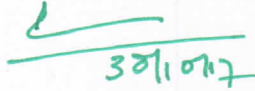
Applications are invited for engagement of 1) Programme Officer 2) Clinical Psychologist /Psychologist 3) psychiatric Social Worker / Social Worker 4) Psychiatric Nurse /trained General Nurse 5) Community Nurse (Case Manager) in District Mental Health Programme (DMHP), Purba Bardhaman on purely temporary and contract basis. The details are enumerated here under:

Sl. No.	Post	Number of Vacancy	Qualification	Consolidated Payment per month (Rs)
1	Programme Officer (P.O.) Psychiatrist / MO on deputation or on Contract	01 (one)	For Psychiatrist: Qualified Psychiatrist having qualification of MBBS with MD / DNB Psychiatry / DPN or equivalent PG qualification. For trained MO: MBBS with 4 Months training in Psychiatry in NIMHANS,CIP,LGBRIMH-Tejpur or other indentified institutions	Psychiatrist - 50000 /- per months and Trained M.O 30000/- per months
2	Clinical Psychologist/ Psychologist	01 (one)	For Clinical Psychologist: M.Phil in Clinical Psychology of 2 years duration from any recognized institution. For Trained Psychologist: MA/MSc in Psychollogy /clinical Psychology with 3 months training in clinical psychology in NIMHANS,CIP,LGBRIMH-Tejpur or other identified institutions.	For Clinical Psychologist 30,000/- (Per Months) and For Trained Psychologist 18,000/-
3	Psychiatric Social Worker / Social Workers	01 (one)	For Psychiatric Social Worker: M.Phil in Psychiatric Social Worker of 2 years duration from any recognized institution. For Trained medical Social worker: MSW from any recognized institution with 3 months training in PSW in NIMHANS,CIP,LGBRIMH-Tejpur or other indentified institutions.	For Psychiatric Social Worker 30,000/- and For Trained Medical Social Worker 18,000/-
4	Psychiatric Nurse/ Trained General Nurse	01 (one)	Psychiatric Nurse: M.Sc in Psychiatric Nursing or DPN Trained General Nurse: GNM from any recognized Nursing Council with one month training in Psychiatric Nursing in NIMHANS,CIP,LGBRIMH-Tejpur or other identified institutions.	Psychiatric Nurse 25,000/- per month and for Trained General Nurse 15000/- per month.
5	Community Nurse (Case Manager)	01 (one)	GNM from any recognized Nursing Council with Administrative Experience	25000/- per month

Note

1. All Candidates are requested to submit the application in the attached prescribed format only duly filled up and self attested photocopy of all testimonials in thereof in support of their qualification, experience etc. 1 extra copy of passport size Photographs (duly signed by the candidate) and photocopy of the proof of identity viz. Electoral Identity Card, Adhar Card, Driving license etc. must be submitted.
2. Candidates residing in Purba Bardhaman district will be preferred.
3. In respect of all the posts mentioned above, the place of posting will be at Purba Bardhaman District.
4. Duly filled up application in the attached **prescribed format only** must be submitted under **Registered Post/Speed Post or drop** application personally in the specific boxes placed at the **District Health & Family Welfare Samity, Office of the Chief Medical Officer of Health, Shyamsayer East, Khosbagan, Burdwan-01** within 17/11/2017 within 05:00 p.m. positively.
5. A panel will be prepared for posting in future vacancy if any within next one year.




Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Bio-Data form for the post of Programme Officer (P.O.)

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate:

2. Father's/Guardian's Name:

3. Date of birth:/...../.....(DD/MM/YYYY)

4. Sex (Male/Female):

5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH

6. Registration Number:

7. Name of the Medical Council :

8. Address:

Permanent Address:

Present Address:

.....

.....

.....

.....

.....

.....

P.O.:

P.O.:

PIN:

PIN:

District:

District:

9. Mobile Number:.....

10. Academic Qualification:

Name	University/Board	% of marks obtained (as the case may be)	Academic Distinction, Honours, Medals, Certificates	Chances taken to pass	Year of passing
1 st MBBS					
2 nd MBBS					
3 rd MBBS					
Diploma					
Post Graduate degree					
Any other qualification					

11. Year of working experience in Mental Health Sector / Months of experience in House Job in Psychiatry (must have experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year / Month of experience (upto 31/10/17)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Programme Officer (P.O.) under DMHP is liable to be cancelled without any further information to me.

Date & Place.-

Signature of the Applicant.

Self attested
Passport
size
photograph

Bio-Data form for the post of Clinical Psychologist/ Psychologist

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate:
2. Father's/Guardian's Name:
3. Date of birth:/...../.....(DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:
 Permanent Address: Present Address:

 P.O.: P.O.:
 PIN: PIN:
 District: District:
7. Mobile Number:.....
8. Academic Qualification:

Self attested
Passport
size
photograph

Name	Board/University	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv					
H.S. or Equiv.					
Graduation or Equiv.					
MA/MSc					
M. Phil					
Any other qualification					

11. Year of working experience in Mental Health Sector / Psychiatric Set-up / Others (must have experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year / Month of experience (upto 31/10/17)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Clinical Psychologist/ Psychologist under DMHP is liable to be cancelled without any further information to me.

Date & Place.-

Signature of the Applicant.

Bio-Data form for the post of Psychiatric Social Worker / Social Workers
(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate:
2. Father's/Guardian's Name:
3. Date of birth:/...../.....(DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:
Permanent Address: Present Address:
.....
.....
.....
P.O.: P.O.:
PIN: PIN:
District: District:
7. Mobile Number:.....
8. Academic Qualification:

Self attested Passport size photograph

Name	Board/University	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv					
H.S. or Equiv.					
Graduation or Equiv.					
Post Graduation					
M. Phil					
Any other qualification					

11. Year of working experience in Mental Health Sector / Psychiatric Set-up / Others (must have experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year / Month of experience (upto 31/10/17)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Social Worker / Social Workers under DMHP is liable to be cancelled without any further information to me.

Date & Place.-

Signature of the Applicant.

Bio-Data form for the post of Psychiatric Nurse/ Trained General Nurse
(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate:
2. Father's/Guardian's Name:
3. Date of birth:/...../.....(DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Address:
Permanent Address: Present Address:
-
-
-
- P.O.: P.O.:
- PIN: PIN:
- District: District:
7. Mobile Number:.....
8. Academic Qualification:

Self attested
Passport
size
photograph

Name	Board/University	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv					
H.S. or Equiv.					
Graduation or Equiv.					
GNM					
M. Sc					
Any other qualification					

11. Year of working experience in Mental Health Sector / Others (must have experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year / Month of experience (upto 31/10/17)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Psychiatric Nurse/ Trained General Nurse under DMHP is liable to be cancelled without any further information to me.

Date & Place.-

Signature of the Applicant.

Bio-Data form for the post of Community Nurse (Case Manager)

(To be filled in by the candidate in BLOCK LETTER)

1. Name of the Candidate:

2. Father's/Guardian's Name:

3. Date of birth:/...../.....(DD/MM/YYYY)

4. Sex (Male/Female):

5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH

6. Address:

Permanent Address:

Present Address:

.....

.....

.....

.....

P.O.:

P.O.:

PIN:

PIN:

District:

District:

7. Mobile Number:.....

8. Academic Qualification:

Name	Board/University	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks
Madhyamik or Equiv					
H.S. or Equiv.					
Graduation or Equiv.					
GNM					
M. Sc					
Any other qualification					

11. Year of administrative working experience in Mental Health Sector / Others (must have experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year / Month of experience (upto 31/10/17)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement for the post of Community Nurse (Case Manager) under DMHP is liable to be cancelled without any further information to me.

Date & Place.-

Signature of the Applicant.

Self attested
Passport
size
photograph