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:

SI. 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 Psychology /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

- 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		f the Candidate:				Self attested
2	. Father's	/Guardian's Name	e:			Passport
	Sex (MaCaste &Registra		ral/SC/ST/OBC		ldress:	size photograph
P D	.O.: IN: District:	Number:		P.O.: PIN: District:		
1	0. Academ	ic Qualification:				
Namo	e	University/Boa rd	% of marks obtained (as the case may be)	Academic Distinction, Honours, Medals, Certificates	Chances taken to pass	Year of passing
1 st M	BBS					
2 nd M	IBBS					
3 rd M	BBS					
Diplo						
	Graduate					
Any quali						
		king experience ir erience certificate)		Sector / Mont	hs of experience	in House Job in Psychiatr
SI. No.		he organization		ignation	Type of work	Year / Month of experience (upto 31/10/17)
			<u>D</u>	eclaration	Full Signature o	f the Candidate

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.-

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:

Father's	Father's/Guardian's Name:							
Sex (Ma Caste &	size photograph							
O.: IN: istrict: Mobile 1	Number:		P.O.: PIN: District: .	••••••				
	Board/Universi	Year of	Marks	Out of Total	% of Marks			
	ty	Duration	Obtained	Marks				
or Equiv.	3.00		Haddin br					
other								
		n Mental Healtl	n Sector / Psyc	hiatric Set-up / C	Year / Month of experience (upto 31/10/17)			
	Date of Sex (Ma Caste & Address ermanent A O: O: IN: Mobile A Academ e ayamik or Or Equiv. Luation or A MSc nil other fication fear of wor	Date of birth:// Sex (Male/Female): Caste & Categories: Gene Address: ermanent Address: O: IN: istrict:	Date of birth:/	Date of birth:/	Date of birth://(DD/MM/YYYY) Sex (Male/Female): Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH Address: ermanent Address: Present Address: Oc. P.O.: IN: PIN: District: Mobile Number: Academic Qualification: Board/Universi Year of Marks Out of Total Marks Tyamik or Marks			

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.

Full Signature of the Candidate

Self attested

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:				Self atteste		
2. Father's/	Guardian's Name	2:			Passport size		
4. Sex (Ma5. Caste &6. Address:	3. Date of birth:/(DD/MM/YYYY) 4. Sex (Male/Female): 5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH						
Permanent A	Address:		Present Address:				
P.O.: PIN:			P.O.: PIN:				
7. Mobile N	Number:						
	ic Qualification:						
Name	Board/Universi ty	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					11 4 7 7 8 15 1		
Any other							

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

SI. 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.-

qualification

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

1. Nan	Name of the Candidate:						
2. Fath	. Father's/Guardian's Name:						
 Sex Cast 	Date of birth:/(DD/MM/YYYY) Sex (Male/Female):						
	ent Address:		Present A				
P.O.: PIN: District:			P.O.: PIN: District: .				
7. Mob	ile Number:						
8. Acad	demic Qualification:						
Name	Board/Universi ty	Year of Duration	Marks Obtained	Out of Total Marks	% of Marks		
Madhyamik Equiv							
I.S. or Equestraduation Equiv.							
NM							
A. Sc Any other ualification	1						
1. Year of	working experience in	Mental Health	Sector / Otho	are (must have av	periance certificate)		
SI.	of the organization		signation	Type of work	Year / Month of experience (upto 31/10/17)		
				Full Signature o	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.-

Bio-Data form for the post of Community Nurse (Case Manager) (To be filled in by the candidate in BLOCK LETTER)

1 1								
I. Name of	f the Candidate:				Self attest			
2. Father's	/Guardian's Name	e:			Passport size			
 Sex (Ma Caste & 	 Date of birth:/(DD/MM/YYYY) Sex (Male/Female): Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH 							
Permanent A	Address:		Present A	ddress:				
P.O.: PIN:			P.O.: PIN:					
7. Mobile	Number:							
7. Mobile	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or	Number:							
7. Mobile8. Academ	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or Equiv	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or Equiv H.S. or Equiv. Graduation or Equiv.	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or Equiv H.S. or Equiv. Graduation or	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or Equiv H.S. or Equiv. Graduation or Equiv.	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				
7. Mobile 8. Academ Name Madhyamik or Equiv H.S. or Equiv. Graduation or Equiv. GNM	Number: ic Qualification: Board/Universi	Year of	Marks	Out of Total				

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

SI. 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.-