

GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
Kalyanpur Satellite Township Beside CWC Office, Asansol-713305
Paschim Bardhaman

Phone No 8597042976

Mail Address: cmoh.asnsl@gmail.com

Memo No:- DH &FWS/ASL/20-21/584

Dated: 28.09.2020

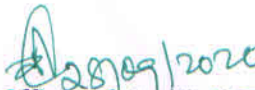
Recruitment Notice

Application are invited for engagement on contractual basis of 05 (Five) (UR-3, ST-1, SC-1) Para Medical Workers (PMW) under National Leprosy Eradication Programme of Paschim Bardhaman.

Designation	Vacant Posts	Essential qualification/ Requirement	Preferential Qualification	Mode Of Selection	Remuneration	Age limit
Para Medical Workers (PMW)	Total 05 (Five) (UR-3, ST-1, SC-1)	1. MSW/B.Sc with 3 years' experience in the Field of Public Health Or Passed Higher Secondary or equivalent and holding PMW Training Certificate 2. Working Knowledge of Computer	1. Experience in Leprosy Activities	1. Total 50 Marks a. Academic Qualification for HS/MSW/B.Sc (Proportionate Marking) - 15 b. Experience in Public Health/ Training - 10 [Length of Experience 5 yrs and more - 10 More than 3 yrs but less than 5 yrs - 08 Upto 3 yrs - 06] c. Experience in Leprosy Activities (Additional) - 05 d. Computer Knowledge Test - 10 e. Interview - 10	Rs. 16000/-	Upto 40 years as on 01/01/2020

Eligible candidates should apply by Speed Post/ Registered Post at CMOH Office, Kalyanpur Satellite Township, Asansol Paschim Bardhaman Pin 713305 from 29st September 2020 to 12th October 2020 5.00 P.M., for the above mentioned post. Application Forms not properly filled in or incomplete, application forms are liable to be cancelled. All the above-mentioned qualification and experience should be completed before the application closing date. Relaxation for age will be given for SC/ST/OBC candidates as per GOI norms

Applicants are requested to visit www.wbhealth.gov.in at the URL " Recruitment " regularly for further details


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

GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
Kalyanpur Satellite Township, Beside CWC Office, Asansol-713305,
Paschim Bardhaman

APPLICATION FORM AGAINST MEMO NO DHFWS/ASL/20-21/584 DATED 28.09.2020

To
The CMOH & Secretary
DH& FWS, Asansol
Paschim Bardhaman

Self Attested
Passport Size
recent photo

(To be filled in by the candidate in Block Letter)

1. Post Applied for:
2. Name of the Candidate:
3. Father's/Guardian's Name:
4. Date of Birth:(DD/MM/YYYY)
5. Age as on (date of Advertisement):
6. Caste & Categories: General/SC/ST/OBC-B/PH(Please Click)
7. Address for Communication:
C/O:
Vill/Town/Road:
P.O: P.S:
District:..... PIN:.....
8. Contact Number:
9. Driving license no. (If applicable):
10. Email ID:

11. Academic Qualification:

Sl No	Exam passed	Board/Institution/University	Year of Passing	Marks Obtained	Total Marks	%of Marks

12. Professional/ Technical/ Computer Knowledge :

Sl No	Course Name	Institute Name	Affiliated By	Course Duration	Passing Year	Course Contains	%of Marks/ Grade

13. Experience in Govt Sector/ Private Organization (must have appointment letter and experience certificate:

Designation	Name of Organization	Govt/ Private	Duration		Total Experience
			From	To	

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's found to be incorrect than I understand that my candidature is liable to be cancelled without any further information to me.

Date:

Place:

(Full Signature of the Applicant)