## Government of West Bengal

### Office of the Chief Medical Officer of Health District Health & Family Welfare Samity Purba Bardhaman

Memo No.: 2598/DH&FWS/II-3

Dated Purba Bardhaman, the 3rd March, 2023

In reference to the letter of Mission Director, NHM vide memo no. HFW/NHM-478/2021/370 dated 03/06/2022, DH&FWS and Office of the CMOH, Purba Bardhaman is inviting applications for engagement (on contractual basis) of **part time Specialist Medical Officer** for the approved Polyclinic in Kalna, Katwa and Bardhaman Municipalities of Purba Bardhaman District under Fifteenth Finance Commission (XV-FC).

Sl. No.	Name of the Post	No. of Post	Remuneration for part time Specialist MO	Upper Age Limit	Essential criteria		
1	Specialist (Medicine)	3	Rs. 3,000/- per day (at	62 Years as	i) MBBS from an MCI recognised		
2	Specialist (Paediatrics)	3	least 3 hours per day)				
3	Specialist (G & O)	3	for thrice a week.		institute. ii) PG degree/DNB/Diploma in		
4	Specialist (Ophthalmologist)	3	Rs. 3,000/- per day (at least 3 hours per day) for twice a week.	on 01/01/23	respective specialization iii) Must be registered under WBMC.		

All the posts are purely on Contractual Basis for a period up to 31st March'2024, which may be extended on the basis of performance & subject to continuation of the Fifteenth Finance Commission.

The information provide in the specified pre-filled proforma must be supported by corroborative documents including their residential proofs, voter I Card, Aadhar Card, Age proof, marksheets of MBBS and PG degree/DNB/Diploma in respective specialization, experience certificate etc.

No benefits / claims for any qualification / experience shall be admitted unless the same are supported by authenticated documentary evidence. Candidates will be selected from merit list prepared according to marks obtained for educational qualification and experience as per vacancy.

A print copy of Screen shot of their registration no. in the website of WB Medical Council must be submitted along with WBMC registration certificate and chance certificate.

An application fee of Rs. 100/-(Rs.50/- for reserved categories) will be deposited to the Bank through NEFT in favor of DISTRICT HEALTH AND FAMILY WELFARE SAMITY (NON-NHM) Bank A/C No-0187132000008, IFSC- CNRB0000187. Bank deposit copy (with UTR no.) or print copy of Screen shot for online payments will have to be attached with application form.

# LAST DATE OF SUBMISION OF APPLICATION THROUGH SPEED POST/REGISTERED POST/COURIER/BY HAND IS ON 20.03.2023 upto 5 pm

#### Correspondence Address:-

Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity, 1<sup>st</sup> Floor
Khosbagan, Shyamsayer East
Near Harisabha Hindu Girls School
Purba Bardhaman
Pin – 713101, West Bengal

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

Memo No.:- 2598 /2(50)/DH&FWS/II-3

Dated Purba Bardhaman, the 3rd March, 2023

#### Copy forwarded for information to the:-

- 1. The Sabhadhipati, Purba Bardhaman Zilla Parishad
- 2. The Mission Director, NHM, Swasthya Bhavan, Kolkata
- 3. The Executive Director, WBSHFWS
- 4. The Director of Health Services, Govt of West Bengal, Swasthya Bhavan, Kolkata
- 5. The District Magistrate, Purba Bardhaman
- 6. The AMD (NHM) Swasthya Bhavan, Kolkata
- 7. The Chairman of Kalna, Katwa & Burdwan Municipality
- 8. The Chairman, IMA, Purba Bardhaman
- 9. The Addl District Magistrate (Health), Purba Bardhaman
- 10. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO, Purba Bardhaman
- 11. The ACMOH all, Purba Bardhaman
- 12. The BMOHs, All BPHC, Purba Bardhaman
- 13. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
- 14. DPMU, Purba Bardhaman

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

## Bio-Data form for the post of part time Specialist Medical Officer (contractual) for the approved Polyclinic in ULB (Municipality) under XV-FC.

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

1	. Name o	f the Candidate:						Passport	
2	. Father's	s/Guardian's Name:		size photograph					
3 4 5	. Sex (Ma	pho	tograph						
88 V P P P P D D 1	Address for Addres	ntion Number:	the webs	ite of WB	Medical Co	ouncil must be	submitted)		
	amination Board/University			Year of Passing	Marks obtained	Out of Total Marks	% of Marks	Chances taken to	
1st 1	MBBS			V				pass	
2 <sup>nd</sup> 1	MBBS								
3rd N	MBBS								
PG (	degree								
ONI									
Dipl	oma								
1. Y	ear of expe	erience in Health Sector	only (mu	ıst have ap	ppointment 1	letter and exper	ience certi	ficate):	
SI. No.		ne of the organization		Designation		Type of work		Year of experience (upto 31/10/22)	
			<u>D</u>	eclaratio		gnature of 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 of the post of Part time Specialist Medical Officer under XV-FC is liable to be cancelled without any further information to me.

Date & Place:-

Signature of the Applicant.

Self attested

