

**Government of West Bengal**  
**Office of the Chief Medical Officer of Health**  
**5 D. L. Roy Road, Krishnanagar, Nadia**

Telephone: (03472) 252306

Email ID: cmoh\_nad@wbhealth.gov.in/ cmohnadia@gmail.com

Memo No.CMOH-Nad/7405

Dated. Krishnanagar the August 25, 2017

**Recruitment Notice**

Applications are invited from the eligible candidates on purely contractual engagement basis as follow. The application with relevant documents must reach this office to **the Chief Medical Officer of Health, Nadia & Secretary, District Health & Family Welfare Samity, 5, D. L. Roy Road, PO- Krishnanagar, District- Nadia, Pin- 741101** as per prescribed format only along with the following self-attested documents in a envelope mentioning **"Application for the Post of \_\_\_\_\_"** before 5 pm on 13/09/2017 by Registered Post/Speed Post/Courier only. Authority will not be liable for any postal delay.

Panel for all posts will be valid for next one year from the date of finalization of panel.

**General instructions for application of all posts**

- 1) The contract, if engaged, will be valid upto 31.03.18 and may be renewed further based on satisfactory performance.
- 2) Birth Certificate/Admit Card or Certificate of Madhyamik or equivalent examination mentioning date of Birth.
- 3) Caste Certificate issued from the concerned authority (In Case of SC/ST/OBC A/OBC B).
- 4) Compulsory Mark sheet & Certificates of Secondary, Higher Secondary, Graduation, Nursing, , Post Graduation & Technical knowledge from the appropriate authority.
- 5) Experience Certificate clearly mentioning days, months & years of Experience as on 01.08.2017 in relevant post only.
- 6) Demand Draft of Rs.100/- (Rupees One Hundred only) for General Category & Rs.50/- (Rupees Fifty only) for SC, ST, OBC & other reserved categories in favour of **the Secretary, District Health & Family Welfare Samity Nadia, payable at Krishnanagar, Nadia.** Use of stapler pin or stitching in case of demand draft will not be allowed.
- 7) Photocopy of all supportive documents should be clearly visible & self-attested.
- 8) Age relaxation for reserved candidates will be applicable as per Government norms. **Calculation of age should be as on 01/08/2017.**
- 9) Envelop must be superscripted with "Application for the post of ....."
- 10) One envelop must not contain more than one application.
- 11) No TA & DA will be admissible for attending recruitment process.
- 12) Application received after due date & time will not be considered.
- 13) All communication will be available only at [www.swasthyakathanadia.org](http://www.swasthyakathanadia.org) and/or [www.nadia.nic.in](http://www.nadia.nic.in) and/or [www.wbhealth.gov.in](http://www.wbhealth.gov.in) time to time.
- 14) Candidates not full filling the above mentioned criteria may be liable to cancellation of their candidature.

**Details of Posts**

**1. Name of the Post**

Number of vacancy  
Essential Qualification

**: Staff Nurse (NUHM)**

: 34 (Unreserved-18, OBC A-3, OBC B-3, SC-8, ST-2)

: Completed GNM course from an institute recognized by the Indian Nursing Council. The candidate should have proficiency in the local language

Upper age limit

: 64 years

Remuneration

: Rs.17220/- (Monthly Consolidated)

**2. Name of the Post**

Number of vacancy  
Essential criteria

**: Kala-azar Technical Supervisor, NVBDCP (NHM)**

: 05 (UR- 02, SC- 01, ST-01, OBC-A-1)

: 1) Science Graduate with Biology as a paper

2) Candidate must be sound in health & capable of extensive field work.

3) Candidate must have valid two wheeler driving license.

Desirable Qualification  
Upper age limit  
Remuneration

: Health Supervisor/Assistant has additional weightage  
: 50-62 years  
: Rs.10500/- (Monthly Consolidated)

**3. Name of the Post**  
Number of vacancy  
Essential criteria

: **GNM (Thalassaemia control unit)**  
: 02 [UR-01, SC-1]  
: Minimum qualification required completed GNM course recognized by the Indian Nursing Council.  
: Experience in working with Thalassaemia patient and their families.  
: 40 years  
: Rs.16860/- + Rs.300/- for washing allowance (Monthly Consolidated)

Desirable Qualification  
Upper age limit  
Remuneration

**4. Name of the Post**  
Number of vacancy  
Minimum Qualification

: **Lab Technician (Thalassaemia control unit)**  
: 01 [SC-1]  
: 1) HS or equivalent with physics, Chemistry & Biology  
: 2) Two years Diploma course in Medical Laboratory Technology from any institute recognized by WB Government  
: Experience in working handling Cell Counter and HPLC machines..  
: 40 years  
: Rs.16860/- (Monthly Consolidated)

Desirable Qualification  
Upper age limit  
Remuneration

**5. Name of the Post**  
Number of vacancy  
Essential Qualification


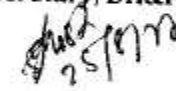
: **Tuberculosis Health Visitor (RNTCP)**  
: 01 [ST-1]  
: Graduate OR Intermediate (10+2) and experience of working as MPW/ LHV/ ANM/ Health worker/ Certificate or higher course in Health Education/ Counseling OR Tuberculosis Health Visitor's recognized course.  
: Certificate course in computer operation (minimum 2 months)  
: At least 50% marks are required in requisite qualification.  
: Training course for MPW or recognized sanitary inspector's course.  
: 22 to 62 years as on date of publication of notice.  
: Rs.13560/- per month (consolidated)

Preferential Qualification  
Age  
Salary

**6. Name of the Post**  
Number of vacancy  
Essential Qualification

: **Senior Tuberculosis Laboratory Supervisor (RNTCP)**  
: 01 [ST - 1]  
: 1) Graduate  
: 2) Diploma in Medical Laboratory technology or equivalent from a govt. recognized institution.  
: 3) Permanent two wheeler driving license & should be able to drive two wheeler.  
: Certificate course in computer operation (minimum 2 months)  
: At least 50% marks are required in requisite qualification.  
: Minimum one year experience in RNTCP.  
: 22 to 40 years as on date of publication of notice.  
: Rs.17720/- per month (consolidated)

Preferential Qualification  
Age  
Salary

  
**Chief Medical Officer of Health & Secretary, DH&FW Samity**  
**Nadia**  


## APPLICATION FORMAT

Paste one  
recent colour  
passport size  
photograph

Application for the Post of "....."

Application against Advertisement No..... Date.....

1. Name of the Applicant :
2. Guardian's Name :
3. Permanent Address : Vill :  
: Post :  
: P.S. :  
: Dist. :  
: Pin :
4. Date of Birth : .....(Year) .....(Month) .....(Day)
5. Age as on 01/08/2017 : .....(Year) .....(Month) .....(Day)
6. Sex : Male / Female
7. Caste Status : General / SC / ST / OBC-A / OBC-B
8. Mobile Number :
9. Email ID :
10. Qualification :

Sl. No.	Educational Qualification	Year of Passing	Total Marks	Marks Obtained	Additional Marks	% of Marks
A	Secondary					
B	Higher Secondary					
C	Graduation (BA/B. Sc/ B. Com)					
D	Post-Graduation					
E	MBBS/Dental/ AYUSH/ Nursing					
<b>Technical Qualification</b>						
F	Computer Degree / Diploma					
G	Diploma in Medical Laboratory Technician (DMLT)/ BLMT					
H	Other if any					

11. Draft Number : Issuing Bank Name:

Draft Amount : Date of Issue:

12. Year of Experience: (No. of Years) In Govt. / PSU & Pvt. :

*R. S. S. S. S.*  
25/10/17

13 Having Driving License (Yes/No) Date of Issue :

License No :

Type of License :

**NB: Serial No. 1 to 12 are mandatory & to be filled up only in Capital Letter**

**Declaration:**

I do hereby declare that particulars furnished above are correct to the best of my knowledge. I must produce all relevant documents (Original or Photocopies attested by the self-attestation only), whenever needed by the Authority. In case, in any time, if any of the above information / particulars are found to be incorrect, my candidature will be liable to cancel by the Authority and I shall be penalized for such action.

Attachment (Please ✓)

01. Birth Certificate/Admit Card or Certificate
02. Caste Certificate
03. Certificate of Exempted Category
04. Certificate of Disability
05. Mark sheet & Certificates of Secondary
06. Mark sheet & Certificates of Higher Secondary
07. Mark sheet & Certificates of Graduation
08. Mark sheet & Certificates of Technical knowledge
09. Experience Certificate
10. Demand Draft
11. Driving Licence

Date :

Place :

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**Signature of Candidate**

*25/10/18*