

OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI 11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH – 711101

No: DHFWS/HOW/ 2819 23

Date: 12/12/23

## WALK-IN INTERVIEW FOR THE POST OF MEDICAL OFFICER UNDER NUHM / XV FC HG

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of Medical Officer under National Urban Health Mission (NUHM) & XV Finace Commission–Health Grant will be conducted on 29th December 2023 (Friday) at 12:00 Noon at the DRS Hall (1st Floor), Bungalow Office Campus of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101 (Near Mallikphatak, between Correctional Home (Jail) & BSNL Office).

| Name of the<br>Post                              | Number of<br>Vacancy                                      | Place of Posting  | Age limit as on 1st January 2023 | Essential Criterion   | Remuneration |
|--|---|---|----------------------------------|---|--------------|
| Medical<br>Officer under<br>NUHM                 | 05<br>(ST-01, SC-02,<br>OBC-A-01 &<br>OBC-B-01)           | Any U-PHC in Urban<br>Local Bodies (Howrah<br>Municipal Corporation<br>/ Bally Municipality /<br>Uluberia Municipality) |                                  | <ul> <li>MBBS from a MCI recognized Institute with 1 year compulsory internship.</li> <li>Must be registered under West Bengal Medical Council</li> </ul> | Rs.60,000/-  |
| Medical<br>Officer - U-<br>HWC under<br>XV FC HG | 23<br>(ST-03, SC-07,<br>OBC-A-01,<br>OBC-B-03, UR-<br>09) | Municipal Corporation   | 67 years or less                 | <ul> <li>MBBS from a MCI recognized Institute with 1 year compulsory internship.</li> <li>Must be registered under West Bengal Medical Council</li> </ul> | Rs.60,000/-  |

<sup>\*</sup> Vacancy may increase as per functioning status of U-PHC / U-HWC which may be filled-in from the available panel of eligible candidates within one year from the date of approval of the panel.

**Mode of Selection:** It may two stages selection process. 1. Screening of documents in time of walk-in interview & 2. Interview (Viva-voce). Final selection may be made on the basis of mark obtained in interview (Viva-voce) and academic weightage.

Desiring Medical Officer may attend the walk-in interview along-with the specific filled-in application format, a photocopied set of following listed documents for verification of document and interview on the scheduled date. This is to further inform that candidates must be present at the time of verification along-with all required documents personally and no third party will be allowed at that time. After verification of documents, if the candidate found eligible, will be allowed for attending the subsequent stages of selection such as Interview. If found ineligible after document verification, the candidate will not be allowed to appear the next stage of selection. No change of date and time will be entertained from this end.

The candidates must bring undernoted original and self-attested photocopied documents for verification:

- A printed copy of the filled-in application format with a passport size recent colour photo as follows
- Proof of Identity (Passport or Voter ID Card or AADHAR Card or PAN Card)
- Proof of Address (Passport or Voter ID Card or AADHAR Card or Ration Card)
- Proof of Age (Madhyamik or equivalent examination certificate/Admit Card)
- All marksheets and pass certificates starting from Secondary onwards (including MBBS)
- Registration Certificate under West Bengal Medical Council
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- Experience certificates mentioning the period of working.
- Caste certificate, if applicable.

#### Candidates will note that:

- 1. Verification of testimonials &/or appearing any stage of selection do not entitle the candidate to claim the selection or engagement
- 2. No candidate will be allowed to appear in the Walk-in Interview beyond the reporting time
- 3. Candidates, who are not eligible after verification process, will not be called for the subsequent stages of the selection process, if any
- 4. Candidates who fail to turn up as per below mentioned schedule, she/he shall not be considered for selection.
- 5. Decision of the Competent Authority regarding the verification and engagement is final.
- 6. List of eligible & ineligible, select & waiting panel of candidates will be posted at www.healthyhowrah.org
- 7. No TA/DA is admissible for attending the verification

## General Information for the Applicants/ Candidates

- 1. For above mentioned positions <u>the applicant must be permanent resident of West Bengal</u>. If any District/Sub-Division/Block/ULB specified for residence must be mentioned.
- 2. The applicant must have knowledge of local languages.
- 3. Existing employees working under National Health Mission in the same position may also apply on own choice. In that case, five (5) years relaxation of age from the maximum age limit mentioned in the recruitment notification will be given to such employees but will not be entitled to any other benefits of the present position such as continuity of length of service, rationalization benefits and any other benefits, if applicable, against that post. Such employees will start as a fresher in the new position, if selected.
- 4. Candidates working in Government Organization must route their application through proper channel if their departmental rules require so and produce NOC at the time interview.
- 5. Applicants are requested to visit **www.healthyhowrah.org** for information / instruction issued from time to time. No other correspondence will be done from this end.
- 6. The essential qualifications mentioned are the minimum and mere possession of the same does not entitles the candidate to claim selection. All the essential qualifications must be completed within the date of this Notification.
- 7. Experience will be calculated after obtaining the required qualification for the above-mentioned position, till the first date of online application.
- 8. Caste certificate issued before the first date of online application, by the component authorities of West Bengal only will be accepted. In case of OBC candidates, category 'A' or 'B' must be mentioned specifically in the caste certificate; otherwise, the caste certificate will not be accepted
- 9. Panel of candidate will be valid for one year from the date of approval and if any consecutive vacancy generated due to un-join/resignation/termination/retirement will be filled in from the available panel within the stipulated period. Number of vacancies indicated in advertisement likely to increase as per approval from the competent authority if so those posts are to be filled up from the existing panel.
- 10. The decision of the Competent Authority regarding the recruitment is final. The competent authorities may cancel the recruitment process at any stage of the selection process.

### <u>N.B.</u>

For the posts under National Health Mission: As mentioned in addendum issued vide Memo No: HFW-27011/137/2020/1611 dated 23.02.2021 point no.-ii, "All new employees who have joined /will be joining between 29<sup>th</sup> December 2020 to 30<sup>th</sup> September 2024 against new entry point remuneration as per memorandum vide no: HFW-27011/137/2020/1352 dated 29.12.2020, will not be entitled for annual increment for three consecutive years i.e. 2022-23, 2023-24 & 2024-25"

For the posts under XV Finance Commission – Health Grant: The following conditions are applied for such engagements vide Memo No: HFW/NHM-478/2021/314 dated 28.04.2022 of the ED, WBSHFWS:

- (i) Remuneration of the HR has been fixed as per rate of National Health Mission (NHM) as mentioned against the posts. No enhancement will be permitted during entire tenure up to 2026.
- (ii) Engagement will be on contract, which will be initially for a period of one year. Maximum period of engagement till 2026 unless and until the project/scheme is further extended.

(iii) Under no circumstances, these HR will be absorbed in regular establishment of the Govt.

Chief Medical Officer of Health & Secretary
DHFWS, Howrah

**Enclosure:** Application Format



# **APPLICATION FORM** (Fill-in the form in CAPITAL LETTER only)

| Post Applied for                         |                            |             |          |                   |                   |               | Add recent Colour passport size self photograph |  |
|--|----------------------------|-------------|----------|-------------------|-------------------|---------------|---|--|
| 1. Name:                                 |                            |             |          |                   |                   |               |   |  |
| 2. Father's / Mother'                    | s / Husband's Name         | :           |          |                   |                   |               |   |  |
| 3. a. Date of Birth<br>b. Age as on 01.0 | :<br>01.2023 : Yrs         | _ Months    | 4. Distr | rict of Domicile: |                   | 5. Sex (M/F/0 | O):   |  |
| 6. a. Address for Co                     | ommunication:              |             |          | 7. Caste (SC /ST  | /OBC-A /OBC-E     | 3 /Unreserved | ):  |  |
| b. Permanent Ad                          | ldress:                    |             |          | 8. Present Telep  | none No :         |               |   |  |
| 9. Email Address:                        |                            |             |          | 10. Mobile No.:   |                   |               |   |  |
| 11. Education: pleas                     | se list all qualification  | ns          | (        | MBBS onwards)     |                   |               |   |  |
| Degree                                   | University /<br>Board etc. | Year of pas | sing     | Full Marks        | Marks<br>obtained | % of Marks    | Division /<br>Class &<br>Chance                 |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          | ,                 |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |
|  |                            |             |          |                   |                   |               |   |  |

| 12. Employment Record:      |   |   |
|-----------------------------|---|---|
| (Total years of post-qualif | ication experience) :   |   |
| 13 Details of Employment    | t: (Use separate sheets if re                                   | equired)  |
|                             | •   | der all the employments you have had.   |
| 13 A. Current Employm       |   | act all the employmente year have had.  |
| Name of Employer:           | GIIL.   |   |
| From                        | То  | <u>Designation</u>  |
| Month / Year                | Month / Year  |   |
|                             |   |   |
| Location of Employment:     |   |   |
| Description of your dut     | ies:  |   |
|                             |   |   |
|                             |   |   |
| 13 B. Previous Employr      | ment:   |   |
| Name of Employer:           | · · · · · · · · · · · · · · · · · · ·                           |   |
| From                        | To<br>Month / Year  | Designation   |
| Month / Year                | Worth / Year  |   |
| Location of Employment:     |   |   |
|                             | rine:   |   |
| Description of your dut     | 165.  |   |
|                             |   |   |
| 13 C. Previous Employi      | ment:   |   |
| Name of Employe             |   |   |
| From                        | То  | Designation   |
| Month / Year                | Month / Year  | 200 g   |
|                             |   |   |
| Location of Employment:     |   |   |
| Description of your du      | ties:   |   |
|                             |   |   |
|                             |   |   |
| 14. For the post of : Med   |   |   |
| A. Whether 01 year          | r internship done (Yes / No                                     | )   |
| n 141 - 1 n                 | Landau Marat Danami Ma  | adical Council (Vos. / No.)? Pogistration Number:   |
| B. Whether Registe          | rea under west bengal we  | edical Council (Yes / No)? Registration Number :  |
|                             |   |   |
|                             |   |   |
|                             | · · · · · · · · · · · · · · · · · · ·                           |   |
|                             |   | Declaration   |
| of my knowledge and be      | elief. If any information furn<br>Iidature for contractual recr | ished above are based on material records and are true to the besitished or any part of it is found to be incorrect, then I do believe and the truitment to the post I have applied for is liable to be cancelled without |
| Place :                     |   |   |
| Date :                      |   | Signature of the Applicant  |