



Government of West Bengal  
Office of the Chief Medical Officer of Health  
Debi Bari Road, Lal Bag, Cooch Behar

Tel : 228874 (03582) Fax: 228966, E-mail: cmoh.cbr@gmail.com

Memo No. 5940 /

Date, Cooch Behar the 16th December, 2021

**WALK-IN-INTERVIEW**

A walk in interview will be held for engagement of General Duty Medical Officer under NRHM, Lower Division Assistant & Group-D under for District Level Administration AYUSH setup in contractual basis under District Health & Family Welfare Samiti, Cooch Behar.

Date of Interview: 29<sup>th</sup> December, 2021

Time of Interview: from 11 AM (Applicant should present at 11 am)

Venue: Office of the Chief Medical Officer of Health, Cooch Behar, Lal Bagh Building, Debibari, Cooch Behar-736101

**GENERAL INFORMATION AND INSTRUCTIONS FOR CANDIDATES**

Candidates must read the each instruction thoroughly, carefully and check eligibility before attending interview.

1. For Application of Group-D & LDA candidates must be retired persons of State Government below 62 years of age and with retired as in service and department with date. Only computer literate persons may be considered for the post of LDA.
2. The appointment would be on purely contractual basis for a period not exceeding 11 months renewable at end of term subject to satisfactory performance.
3. For GDMO candidates should be registered as medical practitioner with the West Bengal Medical Council/Medical Council of India.
4. All the original testimonials along with photo copies with self attested have to be brought on (29.12.2021) that day.
  - a. Admit card of Madhyamik or equivalent examination.
  - b. All Mark Sheets (as per post criteria).
  - c. Photo copy of Voter card /Aadhar card / other address proof.
  - d. Clear photocopy of all experience certificates
5. In experience certificate duration of experience, post held, nature of work, Employer signature with date must be clearly written otherwise experience certificates will be treated as invalid. Experience certificate must be as per criteria required.
6. Application form attached in Annexure-I(Application Format for Group-D), Annexure-II(Application Format for LDA) & Annexure-III(Application Format for GDMO) with notification, candidate must fill up and submit application form with self attested passport size photo & Demand Draft in favour of "DH&FWS NON NHM MOTHER A/C COOCH BEHAR"
7. **Fee:** Candidate must pay application fee (amounting to Rs. 100/- for Unreserved and Rs.50/-for reserved categories) by Crossed. Other form of payment like Money order, Cheque, Bank Draft, and Cash etc will not be acceptable.

Sl no.	Post Name	No of Post	Place of Posting	Eligibility	Age (as on date 01.01.2021)	Remuneration/ Month(Rs)
I.	Group-D	One (IUR)	AYUSH Setup at DFW Wing, CMOH Office, Cooch Behar	Essential Criteria- Retired person of State Government	Upto 62 Years	8000/-

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2.	LDA	One (1UR)	<b>AYUSH Setup at DFW wing, CMOH Office, Cooch Behar</b>	<b>Essential Criteria-</b> 1. Retired person of State Government 2. Working knowledge of computer.	Upto 62 Years	10,000/-
3.	GDMO	8 (Eight)	<ol style="list-style-type: none"> <li>1. Dewanhat BPHC</li> <li>2. Changrabandha BPHC</li> <li>3. Pundibari RH</li> <li>4. Gosanimari RH</li> <li>5. Natabari RH</li> <li>6. Sitalkuchi RH</li> <li>7. Sitai RH</li> <li>8. Haldibari RH</li> </ol>	<b>Essential Criteria-</b> Candidates should be registered as medical practitioner with the West Bengal Medical Council/Medical Council of India.	Maximum age limit is 65 years	60,000/-

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Annexure-I

Affix Passport Size  
Photo

**Application form for engagement of Group-D at Cooch Behar District**

(Office of the Chief Medical Officer of Health, Cooch Behar  
Lal Bag ,Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Mother/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Name of previous post & date of Retirement	
Name of Department	
E-Mail ID	

**Signature of the Candidate**

Annexure-I I

Affix Passport  
Size Photo

**Application form for engagement of LDA at Cooch Behar District**

(Office of the Chief Medical Officer of Health, Cooch Behar  
Lal Bag ,Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Mother/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Name of previous post & date of Retirement	
Name of Department	
E-Mail ID	

**Signature of the Candidate**

**Annexure-III**

Affix Passport Size  
Photo

**Application form for engagement of GDMO at Cooch Behar District**

(Office of the Chief Medical Officer of Health, Cooch Behar  
Lal Bag, Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Percentage of Marks obtained in Final MBBS	
University	
Registration certificate No.	
House Staffship(Duration) & Institution and Faculty	
Post Graduate(If any)	

**Signature of the Candidate**