

GOVERNMENT OF WEST BENGAL OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI

Date: 12.10.2022

11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH - 711101

No: DHFWS/HOW/2511

WALK-IN INTERVIEW FOR THE POST OF SPECIALIST ON PART-TIME BASIS UNDER XV FC HG FOR POLYCLINIC OR SPECIALIST SERVICES

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of **Specialist** on part-time basis under XV Finace Commission–Health Grant (XV FC-HG) for polyclinic or specialist services in Urban Local Bodies will be conducted on **26th October 2022 (Wednesday)** at **10:00 AM** 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).

Post No.	Name of the Post	Age limit as on 1 st January 2022	Essential Criterion	Remuneration	
01	Specialist (Medicine)	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB in Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day thrice a week on part time basis	
02	Specialist (Paediatrics)	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Paediatric Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day thrice a week on part time basis	
03	Specialist (G&O)	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Paediatric Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day thrice a week on part time basis	
04	Specialist 62 years or (Ophthalmologist) less		 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Paediatric Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day twice a week on part time basis	

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 degree/diploma.

Scale of Scoring: 10 marks in interview (Viva-voce) & 10 marks for degree / 5 marks for diploma (maximum 10 marks will be awarded)

Desiring **Specialist** 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 / Post-Graduate degree / DNB / Diploma etc.)
- Registration Certificate under West Bengal Medical Council / Medical Council of India
- 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 Verification beyond the reporting time (10:00 AM)
- 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.healthyhowrak.org
- 7. No TA/DA is admissible for attending the verification

Chief Medical Officer of Health & Secretary

DHFWS, Howrah

Enclosure: Application Format



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

Post Applied for						passpor	ent Colour t size self ograph	
1. Name:								
2. Father's / Mother's	s / Husband's Name	:						
3. a. Date of Birth b. Age as on 01.0	: 1.2022 :Yrs	_ Months	4. Dis	trict of Domicile:		5. Sex (M/F/0	D):	
6. a. Address for Co	mmunication:			7. Caste (SC /ST /OBC-A /OBC-B /Unreserved): 8. Present Telephone No :				
b. Permanent Ado	dress:							
9. Email Address:				10. Mobile No.:				
11. Education: please	e list all qualification	ns		(MBBS onwards)				
Degree	University / Board etc.	Year of pas	ssing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance	

12. Employment Record	d:	
(Total years of post-qua	lification experience) :	
12 Datails of Employme	nt: // loo concrete cheete if row	(houris
	nt: (Use separate sheets if requ	all the employments you have had.
13 A. Current Employ		all the employments you have had.
Name of Employer:	ment.	
From Month / Year	To Month / Year	<u>Designation</u>
Location of Employment:		
Description of your du	uties:	
13 B. Previous Employer:	yment:	
From	То	Designation
Month / Year	Month / Year	Designation
Location of Employment:		
13 C. Previous Employ		
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your d	uties:	
	ar internship done (Yes / No)	cal Council (Yes / No)? Registration Number :
		Declaration
of my knowledge and be	elief. If any information furnish didature for contractual recruitr	ed above are based on material records and are true to the best ed or any part of it is found to be incorrect, then I do believe and ment to the post I have applied for is liable to be cancelled without
Place :		
Date :		Signature of the Applicant