

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Purba Bardhaman

Memo No.:2275/DH&FWS/I/A-8-C

Dated Purba Bardhaman, the 18th October, 2022

Applications are invited for engagement (**on contractual basis**) of full time Medical Officer for the approved U-PHCs in Kalna, Katwa and Bardhaman Municipalities of Purba Bardhaman District.

Name of the Post	Upper Age Limit	No. of Post	Eligibility criteria	Remuneration
Medical Officer (Full time)	65 Years as on 01/01/22	Total-7 (UR-3, SC-2, ST-1, OBC-A-1)	MBBS from a MCI recognised institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council. Weightage will be given for higher qualification.	Rs. 60,000/- P.M. Consolidated

The initial contract period is up to March'23 and it may be renewed for further period depending on need and performance of the candidates.

The applicants should be permanent resident of West Bengal.

Checking & Verification of original documents for the post of Medical Officer will be held on 04/11/2022 as follows:

Post	Date	Time	Venue
Medical Officer for U-PHC	04-11-2022	12.00 Noon.	RTC Meeting Hall, CMOH Office, Khosbagan, Shyam Sayer East, Purba Bardhaman-01

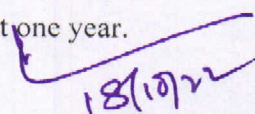
Applicants for the post of Medical Officer, must report for Checking & Verification of original documents in the specified venue as mentioned above, along with the specified pre-filled up proforma. The information provide in the specified pre-filled proforma must be supported by corroborative documents including their residential proofs, voter I Card, Aadhar Card, Age proof, marksheets of MBBS, 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.

A panel will be prepared for posting in future vacancy if any within next one year.


18/10/22
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Bio-Data form for the post of Medical Officer at U-PHC(contractual)

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

Self attested
Passport
size
photograph

1. Name of the Candidate:
2. Father's/Guardian's Name:
3. Date of birth:/...../.....(DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Registration Number:.....
7. Name of the Medical Council :..... (Registration certificate along with screenshot of registration no. in the website of WB Medical Council must be submitted)
8. Address:
Address for communication:
.....
.....
Village/Town:.....
P.O.:
P.S.:
PIN:
District:
9. Mobile Number:.....
10. Residential Block/Municipality/M C:
11. Academic Qualification (Self attested copy of marksheet must be submitted with the application):

Examination	Board/University	Year of Passing	Marks obtained	Out of Total Marks	% of Marks	Chances taken to pass
1st MBBS						
2 nd MBBS						
3 rd MBBS						
Diploma						
PG degree						
Any other qualification						

11. Year of experience in Health Sector only (must have appointment letter and experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year of experience (upto 31/10/22)

.....
Full Signature of the Candidate

Declaration

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 Medical Officer of U-PHC is liable to be cancelled without any further information to me.

Date & Place:-

Signature of the Applicant.