

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

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

No: DHFWS/HOW/

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Date: 10/04/23

#### WALK-IN INTERVIEW FOR THE POST OF SPECIALIST & MO UNDER XV FC-HG

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of Specialist on part-time basis for polyclinic or specialist services in Urban Local Bodies & Medical Officer of Urban - Health & Wellness Centre (U-HWC) under XV Finace Commission–Health Grant (XV FC-HG) will be conducted on 17<sup>h</sup> April 2023 (Monday) at 12:00 Noon at the Conference Hall of Uluberia Municipality Office (2<sup>nd</sup> Floor), Howrah.

Post No.	Name of the Post	Number of Vacancy	Place of Posting	Age limit as on 1 <sup>st</sup> January 2023	Essential Criterion	Remuneration	
01	Specialist (Medicine) - Polyclinic under XV FC HG	11	Any Polyclinic in Urban Local Bodies	62 years or less	<ul> <li>MBBS degree from an MCI recognized Institute</li> <li>Post-Graduate degree / DNB in Medicine</li> <li>Must be registered under West Bengal Medical Council</li> </ul>	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis	
02	Specialist (Paediatrics) - Polyclinic under XV FC HG	09	Any Polyclinic in Urban Local Bodies	62 years or less	<ul> <li>MBBS degree from an MCI recognized Institute</li> <li>Post-Graduate degree / DNB / diploma in Paediatric Medicine</li> <li>Must be registered under West Bengal Medical Council</li> </ul>	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis	
03	Specialist (G&O) - Polyclinic under XV FC HG	10	Any Polyclinic in Urban Local Bodies	62 years or less	<ul> <li>MBBS degree from an MCI recognized Institute</li> <li>Post-Graduate degree / DNB / diploma in Gynaecology &amp; Obstetrics</li> <li>Must be registered under West Bengal Medical Council</li> </ul>	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis	
04	Specialist (Ophthalmolo gist) - Polyclinic under XV FC HG	10	Any Polyclinic in Urban Local Bodies	62 years or less	<ul> <li>MBBS degree from an MCI recognized Institute</li> <li>Post-Graduate degree / DNB / diploma in Ophthalmology</li> <li>Must be registered under West Bengal Medical Council</li> </ul>	Rs.3,000/- per day (at least 3 hours per day) for twice a week on part time basis	
05	Medical Officer - U- HWC under XV FC HG	24 (UR-11, ST-01, SC-07, OBCA-02 & OBCB-03)	Any U-HWC in Urban Local Bodies	62 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/-	

### For Specialist under XV Finace Commission-Health Grant (XV FC-HG):

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)

#### For Medical Officer under XV Finace Commission–Health Grant (XV FC-HG):

Mode of Selection: It may two stages selection process. 1. Screening of documents in time of walk-in interview & 2. Academic & Working Experience. Final selection may be made on the basis of mark obtained in interview (Viva-voce) and academic degree/diploma.

Scale of Scoring: 80 marks based on percentage of marks obtained in the MBBS examination. PG degree / diploma: 10 marks for degree / 5 marks for diploma (maximum 10 marks will be awarded). 10 marks on Working Experience.

Desiring **Specialist/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 / 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. Candidates, who are not eligible after verification process, will not be called for the subsequent stages of the selection process, if any
  - 3. Candidates who fail to turn up as per below mentioned schedule, she/he shall not be considered for selection.
  - 4. Decision of the Competent Authority regarding the verification and engagement is final.
  - 5. List of eligible & ineligible, select & waiting panel of candidates will be posted at www.healthyhowrah.org
  - 6. 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	Add recent Colour passport size self photograph							
1. Name:						-		
2 Father's / Mother's	/ Husband's Name ·	1						
2. Father's / Mother's / Husband's Name :								
3. a. Date of Birth b. Age as on 01.01	5. Sex (M/F/C	5. Sex (M/F/O):						
6. a. Address for Cor	nmunication:			7. Caste (SC /ST /OBC-A /OBC-B /Unreserved):				
b. Permanent Add	Iress:			8. Present Telephone No :				
9. Email Address:				10. Mobile No.:				
11. Education: please list all qualifications (MBBS onwards)								
Degree	University / Board etc.	Year of pa	ssing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance	

12. Employment Record:							
(Total years of post-qualification experience) :							
13. Details of Employment							
		e order all the employments you have had.					
<b>13 A. Current Employr</b> Name of Employer:	nent:						
From	То	Designation					
Month / Year	Month / Year						
Location of Employment:							
Description of your du	ities:						
<b>13 B. Previous Employ</b> Name of Employer:	yment:						
From	То	Designation					
Month / Year	Month / Year						
Location of Employment:							
Description of your du	1100						
13 C. Previous Employment: Name of Employer:							
From	То	Designation					
Month / Year	Month / Year	-					
Location of Employment:							
Description of your duties:							
14. For the post of : Me	edical Officer-						
A. Whether 01 yea	r internship done (Yes /	′ No)					
B. Whether Registered under West Bengal Medical Council (Yes / No)? Registration Number :							
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 belief. If any information furnished or any part of it is found to be incorrect, then I do believe and understand that my candidature for contractual recruitment to the post I have applied for is liable to be cancelled without any further intimation to me.							
Place : Date :		Signature of the Applicant					