



Government of West Bengal
Office of the Chief Medical Officer of Health Alipurduar

Babu Para, Maya Talkies Road, Ward No-12,
District-Alipurduar, Pin: 736121
Tele: 03564-257200, email: cmohapd@gmail.com



Memo. No. DH&FWS/APD/ 741

Date : 22/11/2023

Applications are invited from eligible candidates for contractual/ temporary engagement of **Yoga Instructor (Male and Female)** contractual/ temporary engagement of **Yoga Instructor (Male and Female)** initially for 1 (one) year subject to renewal based on their satisfactory performance at the different **AYUSH HEALTH & WELLNESS CENTRES** of Alipurduar districts under **National AYUSH Mission (NAM)** by the District Health & Family Welfare Samity, Alipurduar, as per the format and **Terms of Reference (ToR)**, details of which are provided in the State Health Website www.wbhealth.gov.in, District Website www.alipurduar.gov.in and the notice boards of the office of the **Chief Medical Officer of Health, Alipurduar**; office of the **District Magistrate, Alipurduar**; **Zilla Parisad, Alipurduar**; **District Hospital, Alipurduar**; **State General Hospital, Birpara and Super Speciality Hospital, Falakata**.

The applicant must submit the application with self-attested photocopies of all relevant documents in the specific format along with non-refundable Demand Draft of **Rs. 100 /- (one hundred) for UR categories and Rs. 50/- (fifty) for Reserved (OBC-A/OBC-B/SC/ST/UR-EWS(EC)) categories** in favour of **"DH&FWS, ALIPURDUAR, NON -NHM ACCOUNT"** payable at Alipurduar. No other form of payment (like money order, cheque or cash etc.) will be acceptable.

The duly filled application format along with self attested photocopies of the supportive documents (hard copy) and original Demand Draft should reach the **"Office of the Chief Medical Officer of Health & Member Secretary, D.H.& F.W.S., Babupara, Maya Talkies Road, Ward No. XII, P.O. & Dist. : Alipurduar, PIN : 736121** by **15/12/2023 within 5 p.m.** positively by registered post/ speed post/ courier only during office hour except on holidays. The department will not be responsible for any postal delay.

Total number of post, reservation, essential criteria, and mode of selection, age limit and consolidated remuneration are given below.

| Sl. No. | Name of the Post | No. of post category wise | Essential criteria | Marks distribution and mode of selection | Age limit (as on 1 st Jan,2023) | Consolidated remuneration per month |
|---------|--|---|--|--|--|--|
| 1 | Male Yoga Instructor at AYUSH HWC under National AYUSH Mission (NAM) | UR-06 UR-EWS(EC)-1 SC-04 ST-01 OBC-A-02 OBC-B-01 | 1.Secondary/ Madhyamik passed with Certificate/ Degree/Diploma course in Yoga affiliated by the West Bengal Council of Yoga and Naturopathy (WBCYN) The candidate must be registered with WBCYN 2. Must be a permanent resident of West Bengal Must have knowledge of local language. (**One year Yoga and Naturopathy Certificate course run by the WBCYN is covered in criterion 1 mentioned under eligibility) | TOTAL MARKS-50 *Secondary/ Madhyamik - 15 Marks (Proportionate marks will be considered) *Certificate/Diploma/Degree in Yoga -15 Marks * Demonstration -10 Marks * Interview -10 Marks | Minimum 21 years upto maximum 40 years. Relaxation as per Govt. norms | Rs. 8000/- (32 sessions @Rs. 250/- per session) |
| 2 | Female Yoga Instructor at AYUSH HWC under National AYUSH Mission (NAM) | UR-06 UR-EWS(EC)-1 SC-04 ST-01 OBC-A-02 OBC-B-01 | 1.Secondary/ Madhyamik passed with Certificate/ Degree/Diploma course in Yoga affiliated by the West Bengal Council of Yoga and Naturopathy (WBCYN) The candidate must be registered with WBCYN 2. Must be a permanent resident of West Bengal Must have knowledge of local language. (** One year Yoga and Naturopathy Certificate course run by the WBCYN is covered in criterion 1 mentioned under eligibility) | TOTAL MARKS-50 *Secondary/ Madhyamik - 15 Marks (Proportionate marks will be considered) *Certificate/Diploma/Degree in Yoga -15 Marks * Demonstration -10 Marks *Interview -10 Marks | Minimum 21 years upto maximum 40 years. Relaxation as per Govt. norms | Rs. 5000/- (20 sessions @Rs. 250/- per session) |



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General Instructions:-

- Prescribed application format and other details i.e, eligibility etc will be available in the website www.wbhealth.gov.in. No other format of application will be entertained/accepted.
- Photocopies of the supportive documents (self attested) and requisite Demand Draft need to be attached with the prescribed application format.
- Relaxation of age for the candidates will be considered as per existing norms (ToR) of the State Government.
- The applicant must be a **permanent resident of West Bengal**.
- The applicant must have **"knowledge of local languages"**.
- Certificate for EWS (EC) must be obtained from the competent authority.
- Applicants are requested to visit www.wbhealth.gov.in and www.alipurduar.gov.in regularly for further information/ instruction issued by the authority.
- Any omission or suppression of information shall lead to rejection of application or candidature at any stage of the selection process without further intimation.
- No rounding of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
- If the aggregate mark after final selection is equal then preference to be given to the candidate inter-senior in age as on the first date of the year of publication of the advertisement.
- Selection will be conducted by the District level selection committee, Alipurduar. District Health & family Welfare Samity reserves the right to cancel the recruitment process at any stage without assigning any reason thereof.

Uday Singh
22/11/23
District Medical Officer (AYUSH)
Alipurduar

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Krishna Kumar
Member Secretary & CMOH
District Health & Family Welfare Samity
Alipurduar

Memo. No. DH&FWS/APD/741/1(10)

Date : 22/11/2023

Copy forwarded for information to :

1. The Director of Health Service & E.O. Secretary, Govt. of West Bengal.
2. The DG, AYUSH & E.O., WBAS, Govt. of West Bengal
3. The Special Secretary, AYUSH & Additional Executive Director, WBAS, Govt. of W.B.
4. The Director of Homoeopathy, Govt. of West Bengal, Swasthya Bhawan
5. The Director of Ayurveda, Govt. of West Bengal, Swasthya Bhawan
6. The President, West Bengal Council of YOGA & Naturopathy (WBCYN)
7. The Dy. CMOH-I/II/III/IV, Alipurduar
8. The Accounts Officer, O/o the CMOH, Alipurduar
9. The System Co-ordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with a request to publish the advertisement in the website www.wbhealth.gov.in
10. Office copy

Fa
Krishna Kumar
Member Secretary & CMOH
District Health & Family Welfare Samity
Alipurduar



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District-Alipurduar, Pin: 736121
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Memo. No. DH&FWS/APD/741/1(14)

Date : 22/11/2023

Copy forwarded for information with a request to display in the office notice board :

1. The District Magistrate, Alipurduar
2. The AEO, Zilla Parishad, Alipurduar
3. The SDO, Alipurduar
4. The DICO, Alipurduar
5. The Senior Director (IT) & DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with a request to publish the notice in the website www.alipurduar.gov.in
- 6-8. The Superintendent, District Hospital, Alipurduar/ S.S.H., Falakata/ S.G.H., Birpara
- 9-14. The BMOH, Apd-I/Apd-II/Falakata/Kalchini/Kumargram/Madarihat

For
Member Secretary & CMOH 22/11/23
District Health & Family Welfare Samity
Alipurduar

27

APPLICATION FORMAT

(USE BLACK/BLUE BALL PEN FOR FILLING UP THE APPLICATION)

To
The Chief Medical Officer of Health
&
Member Secretary, District Health & Family Welfare Samity
Babupara, Maya Talkies Road, Ward No-12,
District-Alipurduar, Pin: 736121
West Bengal

Affix a recent
passport size colour
photograph

Application for the post of _____

1. Name in Full (In Block Letters) : _____

2. Name of the Father / Husband : _____

3. Date of Birth (DD/MM/YYYY) :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

4. Age as on 01.01.2023 : _____

5. Sex (Please tick the suitable) : Male Female

6. Nationality : _____

7. Permanent Address : _____

P.S. _____ P.O. _____

District: _____ State: _____

Pin: _____

8. Present Postal Address : _____

P.S. _____ P.O. _____

District: _____ State: _____

Pin: _____

9. Contact No : _____

10. Email ID : _____

ky

11. Caste :.....

(Please enclose self attested
Photocopy of caste certificate)

12. Educational Qualification : (Self attested photocopies must be enclosed)

| Sl. No. | Examination Passed | Year of Passing | Board / University | Total Marks | Marks Obtained |
|---------|--------------------|-----------------|--------------------|-------------|----------------|
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N.B: a. *In case self attested mark sheets are not attached with the application, the marks will not be considered*
b. *Total marks & marks obtained should be excluding additional subjects and should be in absolute numbers and not in percentage*

13. Registration number with date :
from West Bengal Council of Yoga
& Naturopathy (WBCYN)

14. Details of Work Experience :
(Please enclose self attested photocopy of experience certificate clearly mentioning the period of work with monthly salary in the official letter head with signature, seal and date)

DECLARATION

“I hereby declared that all statements made in this application are correct to the best of my knowledge and belief and in the event of my information being found false my candidature is liable to be cancelled.”

Place:

Date:

(Full Signature of the Applicant)