

জেলা কল্যাণ আধিকারিকের কার্যালয়
অনগ্রসর শ্রেণী কল্যাণ ও আদিবাসী উন্নয়ন
পূর্ব মেদিনীপুর
পোষ্ট অফিস: উত্তর সোনামুই | থানা: তমলুক
জেলা: পূর্ব মেদিনীপুর | পিন সংখ্যা: ৭২১ ৬৪৮
দূরভাষ সংখ্যা: (০৩২২৮) ২৬২ ৯৫৫
বৈদ্যুতিন ডাক: dwobcw.pumid@gmail.com



Office of the District Welfare Officer
Backward Classes Welfare & Tribal Development
Purba Medinipur
PO: Uttar Sonamui | PS: Tamluk
District: Purba Medinipur | PIN: 721 648
Telephone No.: (03228) 262 955
e-Mail: dwobcw.pumid@gmail.com

NOTICE FOR RECRUITMENT

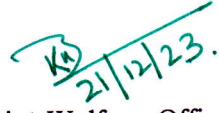
An **INTERVIEW** for engagement to the post of Additional Inspector, BCW & TD (on contractual basis) in different SDO Offices, Blocks & Municipalities of Purba Medinipur will be held on **09/01/2024 at 11:00 A.M. at the office chamber of the Additional District Magistrate (BCW), Purba Medinipur**. The engagement will be made up to the age of 65 years or till the joining of a regular Inspector BCW in that post, whichever is earlier. The intending candidates may appear in the said interview with copy of filled in application forms along with original as well as photocopies of supporting documents.

No of Post	:	25 (Twenty Five)
Eligibility	:	(i) Category of Employees : Retired Inspector BCW & TD / Extension Officers / Head Clerks / UD Clerks of Govt. of West Bengal. (ii) Last Pay Scale : Rs. 7,100/- to Rs. 37,600/- with Grade Pay of Rs. 3,600/- as per ROPA 2009 or Level – 9 as per ROPA 2019. (iii) Upper Age Limit : 64 years as on 01/01/2024 or date of joining after selection, as Additional Inspector, BCW & TD whichever is later.
Remuneration	:	Consolidated Remuneration of Rs. 12,000/- per month.
Preference	:	Special preference will be given to the retired employees of BCW & TD Department.

N.B:

- (1) Application in format (Annexure-I) along with photocopies of relevant documents shall be submitted in advance latest by 06/01/2024 (upto 5:30 pm) in the BCW section of District Magistrate, Nimtouri, Purba Medinipur. The application may be submitted during the office hours except holidays.
- (2) The decision of the authority for the recruitment will be final.
- (3) The engagement will be made subject to the approval of the BCW Department, Govt. of WB for the selected candidate.

Please visit the website www.purbamedinipur.gov.in of the District Magistrate, Purba Medinipur or contact the Office of the District Welfare Officer, BCW&TD, Purba Medinipur/ any SDO Offices/ any BDO Offices for "Application Form".


District Welfare Officer
BCW&TD
Purba Medinipur

Memo No:- 1421(58)/BCW/Pu-Mid

Date :- 21.12.2023

Copy forwarded for wide circulation to:

- 1] The PD, DRDC, Purba Medinipur.
- 2] The PO-cum-DWO/DWO, BCW & TD (All Districts)
- 3 - 6] The Sub-Divisional Officer(s) (All), Purba Medinipur.
- 7] The Secretary, Purba Medinipur Zilla Parishad.
- 8 - 21] The DPLO / DPRDO / DOMA / Spl. LAO / DPO SSM / DPO ICDS / DNO MGNREGS / DY0 / RTO / DSWO / DDMO / Dy. DL & LRO / District Manager, WB SC ST & OBC DFC / Sr. DC, Purba Medinipur.
- 22] The District Heads of all line department, Purba Medinipur.
- 23] Officer-in-charge, All sections under office of DM, Purba Medinipur.
- 24] The DIO, NIC, Purba Medinipur with a request to publish the Notice through District Magistrate website.
- 25] The NDC, Purba Medinipur with a request for arranging a meeting hall (SWAN-2) on 09.01.2024 in this regard.
- 26 - 50] The Block Development Officers (All), Purba Medinipur.
- 51-55] The Chairman (All), Purba Medinipur.
- 56] CA to the District Magistrate, Purba Medinipur.
- 57] CA to the Additional District Magistrate (BCW), Purba Medinipur.
- 58] Office file.

KW
21/12/23.
District Welfare Officer
BCW&TD
Purba Medinipur

ANNEXURE-I

**APPLICATION FOR THE POST OF ADDITIONAL INSPECTOR, BCW & TD
(on contractual basis) UNDER PURBA MEDINIPUR DISTRICT**

Passport
size
photogra
ph (3.5 x
4.5 cm)

1. Name of the Candidate (in capital letter) : _____
2. Father's Name (in capital letter) : _____
3. Academic and other qualification : _____
4. Residential Address (with PIN Code) : _____

5. Permanent Address (with PIN Code) : _____

6. Mobile No. : _____
7. Date of Birth (DD / MM / YYYY) : _____
8. Age as on 01/01/2024 : _____
9. Gender (put a tick mark) : Male / Female / Others
10. Retired as (mention the post) : _____
11. Retired from (office address) : _____
12. Date of Retirement : _____
13. PPO No. /
Last Pay Certificate (if PPO not issued) : _____

Declaration

I do hereby declare that the information furnished above are true to the best of my knowledge and belief. I will be liable for any false declaration made by me.

Date : _____

Signature

- N.B. :** Documents to be submitted along with the application :-
- (i) Proof of Date of birth.
 - ii) Photocopy of EPIC/Aadhar Card.
 - (iii) Photocopy of PPO/LPC.
 - iv) Copy of previous appointment letter, if any.