

**District Health & Family Welfare Samiti**  
**Paschim Medinipore District**  
**Registration number S/1L/11,111 of 2002-2003**  
**Zilla Swasthya Bhawan, Saratpally, Midnapur-721101**  
E-mail:cmoh\_mid\_west@yahoo.co.in

Memo No. DH&FWS-Mid (W)/2024/85

Date: 11.01.2024

**Contractual Recruitment Notice**

**Walk-In Interview for the post of UDA for AYUSH Hospital, Paschim Medinipur.**

As decided by the District Level Selection Committee, Paschim Medinipur, Walk-in interview for the post of UDA for AYUSH Hospital, Paschim Medinipur will be conducted on **24.01.2024** Zilla Swasthya Bhawan, Saratpally, Paschim Medinipur- 721101.

Post No	Name of the Post	Number of Vacancy	Place of Posting	Age limit as on 1 <sup>st</sup> January 2023	Essential Criteria	Remuneration
01	UDA	02 (Two)	AYUSH Hospital	62 years or less	Retired State Govt. employees with basic knowledge of computer	Rs.23,305/- Per Month

Desiring candidates may attend the walk-in interview along with the specific filled-in application format, a photo copied 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 stage of selection such as interview. If found ineligible after documents 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
- **Copy of P.P.O**
- Application Fee Rs.100/- for General Caste & Rs.50 for reserved category (SC/ ST/ OBC/ PH) should be deposited in the Account of District Health & Family Welfare Samiti, Paschim Medinipur, A/C No . 0788010159603 IFSC Code PUNB0078820 Bank – PNB, Branch - Sepai Bazar (Paschim Medinipur). The amount is non-refundable. A bank deposit/transfer copy should be attached with the application at the time of original verification of documents otherwise the application will be treated as cancelled.
- Proof of Identity(Passport or Voter ID Card or AADHAR Card or Pan Card)
- Proof of age (Madhyamik or equivalent examination certificate/Admit Card)
- All mark sheets and pass certificates.
- All 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 (11.00 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. Any corrigendum or addendum notice, date, time venue of interview, short listing of candidate or any other notice in this regard will be published in the following website. <http://www.wbhealth.gov.in/Recruitment>.
7. No TA/DA is admissible for attending the interview.

  
CMOH & Member Secretary  
DH&FWS, Paschim Medinipur

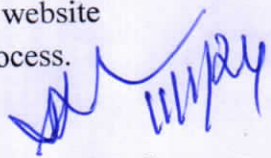


**Memo No.: DH&FWS-Mid(W)/2024/ 85 - 1 (19)**

**Date: 11.01.2024**

Copy forwarded for information to:-

1. The Mission Director, NHM & Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
2. The Executive Director, WBSHFWS, Swasthya Bhawan, Kolkata - 91
3. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
4. The Senior Special Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
5. The AMD, NHM & Senior Special Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
6. The DG (AYUSH) Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
7. The Secretary (AYUSH), Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
8. The Special Secretary (AYUSH), Health & Family Welfare Department & Swasthya Bhawan, Kolkata - 91
9. The District Magistrate, Paschim Medinipur
10. The Programme Officer, NHM & Dy. Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata - 91
11. The Addl. District Magistrate (ZP), Paschim Medinipur
12. The OC (Health), Paschim Medinipur
13. The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, Paschim Medinipur
14. The ACMOH, Sadar / Kharagpur/ Ghatal The ACMOH, Sadar / Kharagpur/ Ghatal
15. The DMO (AYUSH), Paschim Medinipur
16. The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata - 91
17. The DIO, NIC - with request to publish advertisement in the official webpage of Paschim Medinipur
18. The IT Specialist, Dept. of Health & Family Welfare, Swasthya Bhawan, Kolkata - 91 - he is requested to publish this advertisement in the wbhealth.gov.in website
19. The DPMU Section for overall management of recruitment process.

  
CMOH & Member Secretary  
DH&FWS, Paschim Medinipur





12. Employment Record		
(Total years of experience):		
13. Details of Employment: (Use separate sheets if required)		
Starting with your last employment, list in reverse order all the employments you have had.		
13 A. Previous Employment:		
Name of Employer:		
From Month/ year	To Month/Year	Designation
Location of Employment:		
Description of your duties:		
13.B. Previous Employment:		
Name of Employer:		
From Month/ year	To Month/Year	Designation
Location of Employment:		
Description of your duties:		
<b>Declaration</b>		
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 of contractual recruitment to the post I have applied for is liable to be cancelled without and further intimation to me.		
Place:		
Date :	Signature of the Applicant	