



Government of West Bengal
Office of the Chief Medical Officer of Health Alipurduar
Babupara, Maya Talkies Road, Ward No-12,
District-Alipurduar, Pin: 736121
Tele:03564-257200, email:cmohapd@gmail.com



Memo. No. DH&FWS/APD/2023-24/No. 1254

Date: 04.03.2024

RECRUITMENT NOTICE

(Under XV Finance Commission for FY-2021-22& 2022-23)

A Walk-in interview/documents verification for the posts mentioned below will be held at the **Office of the Chief Medical Officer of Health, Alipurduar, Babupara, Maya Talkies Road, Ward No-12, Pin-736121**. Intending candidates are requested to attend for the following mentioned posts for UHWCs and Polyclinic in urban areas under XV Finance Commission- Health Grant.

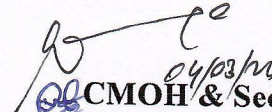
Date of Document Verification & Walk-in Interview	13.03.2024
Reporting Time	10.30 AM

Name of the Programme:- XV FC – Alipurduar Municipality (UHWC) (Contractual Basis), FY-2021-22&2022-23)

Sl. No.	Name of the Post	Vacancy	Place of Posting
1.	Medical Officer	05 (UR-01, SC-01, ST-01) (OBC-A-01, OBC-B-01)	Alipurduar Municipality & Falakata Municipality

Name of the Programme:-XV FC –Polyclinic (Part –time Basic), FY-2022-23

Sl. No.	Name of the Post	Vacancy	Place of Posting
2.	Specialist Medical Officer (Medicine)	01(UR-01)	Alipurduar Municipality
3.	Specialist Medical Officer (Paediatrics)	01(UR-01)	
4.	Specialist Medical Officer (Ophthalmology)	01(UR-01)	
5.	Specialist Medical Officer (G &O)	01(UR-01)	


CMOH & Secretary
District Health & Family Welfare Samiti, Alipurduar



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Eligible Candidates are requested to go through the details of essential qualification, age criteria, remuneration as given below before appearing in the Walk-in Interview: -

Post:- Medical Officer under XV FC-UHWC (Contractual Basis)

SI. No.	Name of the Post	No. of Vacancy	Reservation Category	Age Limit:-(As on 1 st January 2024) (Relaxation as per Govt. rules)	Monthly Consolidated Remuneration	Place of Posting
1.	Medical Officer	05 (Five)	UR-01, SC-01, ST-01, OBC-A-01, OBC-B-01,	Maximum 67 years	Rs. 60,000/-	Alipurduar Municipality & Falakata Municipality

Essential Criteria

- MBBS degree from a Medical Council of India recognized Institute, with 1(One) year compulsory internship. Must be registered under West Bengal Medical Council.
- Weightage will be given for higher qualification.

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Post:-Specialist Medical Officer(Medicine) under XV FC for Polyclinic

Sl. No.	Name of the Post	No. of Vacancy	Reservation Category	Age Limit:-(As on 1 st January 2024) (Relaxation as per Govt. rules)	Remuneration	Place of Posting
2.	Specialist Medical Officer (Medicine)	01 (ONE)	UR-01	Maximum 67 years	Rs. 3000/- per day thrice a week on part time basis	Alipurduar Municipality

Essential Criteria

- MBBS degree from a Medical Council of India recognised Institute with 1 year compulsory Internship. Must be registered under West Bengal Medical Council.
- Post- Graduate degree /DNB in Medicine

2	Name of the Post	Total Marks=100	
		Basic Qualification	80 (based on % of marks obtain in final examination)
2	Specialist Medical Officer (Medicine)	Post Graduate Degree	10
		Experience	10

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Post:- Specialist Medical Officer (Paediatrics) under XV FC for Polyclinic

Sl. No.	Name of the Post	No. of Vacancy	Reservation Category	Age Limit:-(As on 1 st January 2024) (Relaxation as per Govt. rules)	Remuneration	Place of Posting
3.	Specialist Medical Officer (Paediatrics)	01 (ONE)	UR-01	Maximum 67 years	Rs. 3000/- per day thrice a week on part time basis	Alipurduar Municipality

Essential Criteria

- MBBS degree from a Medical Council of India recognised Institute with 1 year compulsory Internship. Must be registered under West Bengal Medical Council.
- Post- Graduate degree /Diploma in Paediatrics

3	Name of the Post	Total Marks=100	
		Basic Qualification	80 (based on % of marks obtain in final examination)
	Specialist Medical Officer (Paediatrics)	Post Graduate Degree / Diploma	10 / 05
		Experience	10

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Post:- Specialist (Ophthalmologist) under XV FC for Polyclinic

Sl. No.	Name of the Post	No. of Vacancy	Reservation Category	Age Limit:- (As on 1 st January 2024) (Relaxation as per Govt. rules)	Remuneration	Place of Posting
4.	Specialist Medical Officer (Ophthalmologist)	01 (ONE)	UR-01	Maximum 62 years	Rs. 3000/- per day twice a week on part time basis	Alipurduar Municipality

Essential Criteria

- MBBS degree from a Medical Council of India recognised Institute with 1 year compulsory Internship. Must be registered under West Bengal Medical Council.
- Post- Graduate degree /Diploma in Ophthalmology.

4	Name of the Post	Total Marks=100	
		Basic Qualification	80 (based on % of marks obtain in final examination)
4	Specialist Medical Officer (Ophthalmologist)	Post Graduate Degree /Diploma	10 / 05
		Experience	10

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Post:- Specialist Medical Officer (G&O) under XV FC for Polyclinic

Sl. No.	Name of the Post	No. of Vacancy	Reservation Category	Age Limit:-(As on 1 st January 2024) (Relaxation as per Govt. rules)	Remuneration	Place of Posting
5.	Specialist Medical Officer (G & O)	01 (ONE)	UR-01	Maximum 67 years	Rs. 3000/- per day thrice a week on part time basis	Alipurduar Municipality

Essential Criteria

- MBBS degree from a Medical Council of India recognised Institute with 1 year compulsory Internship. Must be registered under West Bengal Medical Council.
- Post- Graduate degree /Diploma in (G & O).

5	Name of the Post	Total Marks=100	
		Basic Qualification	80 (based on % of marks obtain in final examination)
	Specialist Medical Officer (G & O)	Post Graduate Degree / Diploma	10 / 05
		Experience	10

The applicant must submit the application in the specific format with self-attested photocopies of all relevant documents along with non-refundable Demand Draft of Rs.100/- for UR Categories and Rs. 50/- for reserved categories in favour of "**DH & FWS, ALIPURDUAR, NON NHM ACCOUNT,**" payable at **Alipurduar** . No other form of payment (like money order, Cheque and Cash etc) will be acceptable.



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Important Notes:

1. Remuneration of the HR will be fixed as per rate of National Health Mission (NHM) as mentioned against the posts. No enhancement will be permitted during the entire tenure upto 2026.
2. Engagement will be on contractual basis, which will be initially for a period of one financial year. Maximum period of engagement till 2026 unless and until the project/scheme is further extended.
3. Under no circumstances, these HR will be absorbed in regular establishment of the Government.
4. Age relaxation will be given for the reserved candidates as per existing norms (TOR) of the State Govt.
5. Selection will be conducted by the District Level Selection Committee, Alipurduar. District Health & Family Welfare Samiti reserves the right to cancel the recruitment process at any stage without assigning any reason thereof.
6. "The applicant must be a permanent resident of West Bengal".
7. "The applicant must have knowledge of local languages".
8. Applicants are requested to visit www.wbhealth.gov.in and www.alipurduar.gov.in regularly for further information /instruction issued by the authority.

Document Required:

- A printed copy of the filled-in application form in prescribe format (for each Post)
- Demand draft as stated in the advertisement should be submitted along with each application format at that time of registration otherwise the application will be treated as cancelled.
- Original and Self attested Photocopy of Madhyamik Admit Card and Mark Sheet & Higher Secondary Examination (or equivalent) Mark sheet and Admit card
- Original and Self attested Photocopies of all Mark Sheets (Semester/Year wise) of MBBS Degree/PG Degree/ Diploma/ DNB Degree.
- Original and Self attested Photocopies of Registration Certificate under West Bengal Medical Council/Medical Council of India for MBBS/ Post-Graduate degree/Diploma & Indian Nursing Council Registration Certificate of GNM/ANM .
- Original & Self Attested Photocopy of Cast Certificate.
- Original and Self attested Photocopies of experience certificates which must consist of name of the post, Employee's Name, Date of Joining (DOJ)and Date of Leaving (DOL) otherwise experience certificate will be treated as invalid.
- Proof of Identity (Passport or voter ID Card or Aadhar Card or Pan Card).

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Candidates will note that:

- Candidates will not be allowed to appear for Documents Verification without original and photocopy of identity proof of himself/herself.
- Verification of testimonial does not entitle the candidates to claim for the selection
- Any omission/suppression of information by the candidates shall lead to rejection of application or candidature at any stage of the process without further intimation. The conditions so prescribed shall not be relaxed.
- No change of date and time will be entertained under any circumstances. The candidates who will fail to turn up as per enclosed Programme shall not be considered for selection.
- The decision of the Competent Board/ Authority regarding the selection of the candidates is final.
- No TA/DA will be admissible for attending.
- Candidates are requested to visit www.wbhealth.gov.in and www.alipurduar.gov.in regularly for further information /instruction issued by the authority.

Memo. No. DH&FWS/APD/2023-24/No. 1254/1 (5)

Date: 04.03.2024

Copy forwarded for information to:

1. The District Magistrate and The Chairperson District Level Selection Committee, Alipurduar
2. The ADM (Health), Alipurduar
3. The SDO, Alipurduar
4. The Chairman, Alipurduar Municipality
5. The DMDC & OC (Health), Alipurduar

RS 04/03/24
Chief Medical Officer of Health & Secretary
DH&FWS, Alipurduar



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Memo. No. DH&FWS/APD/2023-24/No. 1254/1(19)

Date: 06.03.2024

Copy forwarded for information and necessary action to :-

6. The Mission Director (NHM) & Executive Director, West Bengal Health & Family Welfare Samiti
7. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan
8. The PO-I, NHM, Deptt. of H&FW, Govt. of West Bengal
9. The Dy. CMOH-I/Dy. CMOH-II/ Dy. CMOH-III/IV/DMCHO/DPHNO, Alipurduar
10. The Superintendent, District Hospital, Alipurduar
11. The Superintendent, Falakata SSH, Birpara SGH, Alipurduar
12. The ACMOH/DTO, Alipurduar
13. The BMOHs (All), Alipurduar
14. The Accounts Officer, O/o the CMOH, Alipurduar
15. **The Senior Director(IT)& DIO,NIC, Alipurduar, Dooarskanya, Alipurduar with request to publish the notice in the website www.alipurduar.gov.in**
16. **The System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish the advertisement in the website www.wbhealth.gov.in**
17. The HR Cell, Swasthya Bhaban, Kolkata
18. The DPMU, Alipurduar
19. Office Copy

95 04/03/24
Chief Medical Officer of Health & Secretary
DH&FWS, Alipurduar

APPLICATIONFORMAT
(USEBLACK/BLUEBALLPENFORFILLINGUPTHEAPPLICATION)

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) :

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4. Age as on 01.01.2024 :

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 : _____

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

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. Computer Qualification :
(Please enclose self attested
Photocopy of computer certificate)

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)