



Government of West Bengal
Office of the Chief Medical Officer of Health
District Health and Family Welfare Samiti
Lalbagh: Cooch Behar
Tel: 228874(03582) Fax: 228966
E-mail: cmoh.cbr@gmail.com

Memo No. DH&FW/COB/ 2427

Date: - 15/05/23

Recruitment Notification

A Recruitment Process is organized for the post of Medical Officer under District Health & Family Welfare Samiti, Cooch Behar on contractual basis under XV Finance Commission Health Grant as per the memo no. HFW-35099/249/2022-NHM SEC-Dept. of H & FW/2748 dated 13/05/2023 of the Mission Director, NHM & Executive Director, WBSH&FW Samiti. In this connection only off-line application will be accepted at the office of the CMOH & Secretary, Dist. Health & Family Welfare Samiti, Cooch Behar, Lalbag, Debibari Road, Cooch Behar.

Eligible candidate are requested to apply in attached Application Format with supporting documents through by hand or by post at **The Office of the Chief Medical Officer of Health, District Health & Family welfare Samiti, Cooch Behar, Lalbag, Debibari Road, Cooch Behar, PIN-736101** during office hour except on holiday, on and from 16.05.2023.

Candidates must read the instruction thoroughly, carefully and check eligibility before submitting application.


| Sl No. | Name of the Post | No. of posts | Place of posting | Eligibility | Consolidate Remuneration | Mode Of Selection : |
|--------|------------------|-------------------------|---|--|--------------------------|--|
| 1 | Medical Officer | Seven (4UR,2SC, 1OBC-A) | Anywhere in Urban Health Wellness Centre, Cooch Behar | Essential : 1. MBBS from MCI recognized institute with one year compulsory internship must be registered under West Bengal Medical Council. 2. Weightage will be given for higher qualification. 3. Permanent resident of West Bengal. Age Limits: Up to 63 years as on date 01-01-2023. | Rs.60000/- (Per Month) | Total Marks-100 ➤ 80 (based on % of marks obtain in the final examination) ➤ PG Degree- 10 Marks or Diploma- 05 Marks , ➤ Experience-10 Marks ➤ (As per memo no. H/*SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015) |


Note: This notification will be valid until any post remains vacant.

Any omission /suppression of information 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. Selection will be conducted by the District Level Selection Committee, Cooch Behar. District Health & Family Welfare Samiti reserves the right to cancel the recruitment process at any stage without assigning any reason thereof.

Documents required:

- One each self attested photo copy with self attested of the following has to be submitted:
 - Admit card of Madhyamik or equivalent examination
 - One copy passport size photo, paste photo on application form.
 - All Mark Sheets & Passed Certificate
 - Photo copy of Voter card /Aadhar card / other address proof
 - Clear photocopy of all experience certificates
 - Caste Certificate issued by the competent authorities of West Bengal only
- ***Failure to submit any requisite documents is liable to cancellation of candidature


CMOH & Secretary
District Health and Family Welfare Samiti
Cooch Behar


 15/05/23

Application Format

To,
The Chief Medical Officer of Health,
Cooch Behar.

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|---|---------------------|-----------------|----------------------------|---------------|-------------|----------------|----------------|
| 1. Application for the post of: | | | | | | | |
| 2. Name of Candidate | | | | | | | |
| 3. Guardians Name: | | | | | | | |
| 4. Relation with Guardians: | | | | | | | |
| 5. Permanent Address with PIN Code: | | | | | | | |
| 6. Contact Number: | | | | | | | |
| 7. E-mail ID: | | | | | | | |
| 8. Gender: | | | | | | | |
| 9. Caste: | | | | | | | |
| 10. Date of Birth: | | | | | | | |
| 11. Age as on 01-01-2023: | | | | | | | |
| 12. Details of Educational Qualification: | Name of Examination | Year of Passing | Name of Board / University | Subject Taken | Total Marks | Marks Obtained | Percentage (%) |
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Declaration: I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on Interview day. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications.

Full Signature of Candidate

Date: