



Government of West Bengal
Office of the Chief Medical Officer of Health, Malda
P. O. Jhaljhalia (J. R. C.), District – Malda, Pin-732102
E-mail: cmohmalda.estb@gmail.com & cmohmld.dpmu@gmail.com

Memo No: DH & FWS/2592

Date: 17/11/2022

RECRUITMENT NOTICE FOR WALK-IN-INTERVIEW ON 01.12.2022

On the basis of the department order vide memo no. HFW/NHM-478/2021/370 dated 03.06.2022 & HFW-35099/249/2022-NHM SEC-Dept of H&FW/539(2) dated. 22.09.2022 issued by Mission Director, NHM & Executive Director WBSH&FW Samiti, West Bengal, the District Health Family Welfare Samity & office of the Chief Medical Officer of Health, Malda is inviting applications for recruitment of contractual post under **XV-Finance Commission –Health Grant. Walk-in-interview to the office of Chief Medical Officer of Health, Malda, P.O- Jhaljhalia (J.R.C), Dist- Malda, Pin-732101 (W.B) along with prescribed format (copy attached) & self attested photo copies with originals of all testimonials on 01/12/2022 and register their names from 10 am to 12:00 noon sharp on the day of walk in interview.**

A	Name of the Post	Medical Officer (Specialist – Medicine)
	Number of Post & Category	02
	Place of Posting	Anywhere in Polyclinic under XV FC
	Monthly consolidated Remuneration	3,000/- Per Day (thrice a Week on part time basis)
	Age as on 1st January 2022	Minimum 21 Years and Maximum 62 years
	Essential Criteria	Essential Qualification 1. MBBS degree from an MCI recognized institute. 2. Post –Graduate degree / DNB in Medicine. 3. Must be registered under West Bengal Medical Council.
	Desirable Criteria	NA
	Scale of Scoring & Short Listing method	80 (based on % of marks obtain in the final examination) PG Degree -10 or Diploma 05, Experience -10. As per Memo no.H/SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015
B	Name of the Post	Medical Officer (Specialist – Paediatrics)
	Number of Post & Category	02
	Place of Posting	Anywhere in Polyclinic under XV FC
	Monthly consolidated Remuneration	3,000/- Per Day (thrice a Week on part time basis)
	Age as on 1st January 2022	Minimum 21 Years and Maximum 62 years
	Essential Criteria	Essential Qualification 1. MBBS degree from an MCI recognized institute. 2. Post –Graduate degree / DNB/ Diploma in Paediatric Medicine. 3. Must be registered under West Bengal Medical Council.
	Desirable Criteria	NA
	Scale of Scoring & Short Listing method	80 (based on % of marks obtain in the final examination) PG Degree -10 or Diploma 05, Experience -10. As per Memo no.H/SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015

Dm

C	Name of the Post	Medical Officer (Specialist – G & O)
	Number of Post & Category	02
	Place of Posting	Anywhere in Polyclinic under XV FC
	Monthly consolidated Remuneration	3,000/- Per Day (thrice a Week on part time basis)
	Age as on 1st January 2022	Minimum 21 Years and Maximum 62 years
	Essential Criteria	Essential Qualification 1. MBBS degree from an MCI recognized institute. 2. Post –Graduate degree / DNB/ Diploma in Gynaecology & Obstetrics 3. Must be registered under West Bengal Medical Council.
	Desirable Criteria	NA
Scale of Scoring & Short Listing method	80 (based on % of marks obtain in the final examination) PG Degree -10 or Diploma 05, Experience -10. As per Memo no.H/SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015	

D	Name of the Post	Medical Officer (Specialist – Ophthalmologist)
	Number of Post & Category	02
	Place of Posting	Anywhere in Polyclinic under XV FC
	Monthly consolidated Remuneration	3,000/- Per Day (thrice a Week on part time basis)
	Age as on 1st January 2022	Minimum 21 Years and Maximum 62 years
	Essential Criteria	Essential Qualification 1. MBBS degree from an MCI recognized institute. 2. Post –Graduate degree / DNB/ Diploma in Ophthalmology 3. Must be registered under West Bengal Medical Council.
	Desirable Criteria	NA
Scale of Scoring & Short Listing method	80 (based on % of marks obtain in the final examination) PG Degree -10 or Diploma 05, Experience -10. As per Memo no.H/SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015	

E	Name of the Post	Medical Officer
	Number of Post & Category	01 (SC)
	Place of Posting	Anywhere in U-HWC, ULB under XV FC
	Monthly consolidated Remuneration	60,000/- Per month
	Age as on 1st January 2022	Minimum 21 Years and Maximum 63 years
	Essential Criteria	Essential Qualification MBBS from a MCI recognized Institution with 1 year compulsory Internship and must be registered under West Bengal Medical Council. Weightage will be given for higher Qualification. Basic knowledge of computer, MS Office, Internet is required.
	Desirable Criteria	NA
Scale of Scoring & Short Listing method	80 (based on % of marks obtain in the final examination) PG Degree -10 or Diploma 05, Experience -10. As per Memo no.H/SFWB/8H-01-2014/Pt.IV/2887 Date 17/09/2015	


Secretary District Health & Family Welfare Samity
& Chief Medical Officer of Health, Malda

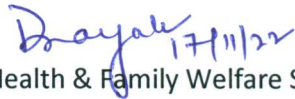
Forwarded for information and necessary action to:-

1. The Chairman, Recruitment Committee, Malda
2. The District Magistrate, Malda
3. The Principal MMC&H, Malda.
4. The Addl. District Magistrate (G), Malda
5. The Chairperson, English Bazaar & Old Malda Municipality, Malda with request to display in the notice board.
6. The OC, Health, Malda. with request to display in the notice board.
7. The MSVP, Malda MMC&H, Malda with request to display in the notice board.
8. The Dy. CMOH-I, II, III, DMCHO, ZLO, DTO, DPHNO, Malda
9. The NDC, District Collectorate, Malda with request to display in the notice board.
10. The All BMOH, Malda, with request to display in the notice board.
11. The Secretary, IMA, Malda with request to display in the notice board.
12. The Accounts Officer, CMOH office, Malda
13. The District Informatics Officer (NIC), Malda, District Collectorate Building, Malda with request to publish the recruitment notice in www.malda.gov.in
14. The System Co-ordinator, IT Cell, SwasthyaBhawan, Kolkata with request to publish the recruitment notice in www.wbhealth.gov.in
15. The HC, CMOH Office Malda with request to display in the notice board & make arrangement of recruitment process.
16. The DPM, DAM, PM (NUHM), AM, DSM, DPMU, Malda with request to co-operate.
17. Office Copy

Drayal 17/11/22
Secretary District Health & Family Welfare Samity
& Chief Medical Officer of Health, Malda

General Information & instructions for Applicants

1. Application fee of Rs. 100/- for General Caste & Rs.50/- for reserved category (SC/ST/OBC/PH) by NEFT / Bank transfer in favour of District Health & Family Welfare Samity, Malda (Main A/c) , Bank Name : Punjab National Bank, Malda, Account No.0233010367893 , IFCS Code. PUNB0023320 and payment receipt copy should be submitted along with the application (hard copy). Applicants may collect the application format from the Notice Board of the CMOH Office, Malda or download the same from the website i.e. www.malda.gov.in / www.wbhealth.gov.in
2. **Following documents (self-attested) have to enclose with the application format and originals must be available as when required. Separate application required for each post.**
 - i. Mark Sheet & Certificate of all Examination passed
 - ii. Admit Card (Madhyamik or equivalent) for age proof
 - iii. Caste Certificate (where applicable)
 - iv. Computer qualification certificate (where applicable)
 - v. Working experience certificate (if any)
 - vi. Technical knowledge certificate (if any)
 - vii. Residential Proof -Voter ID Card/ Ration Card/ Adhaar Card/ Passport/ Certificate from competent authority etc.
 - viii. ID Proof - Voter ID Card/ PAN Card/ Adhaar Card/ Passport etc
3. All candidates will be further communicated by their e-mail id & our web site. (www.malda.gov.in&www.wbhealth.gov.in)
4. A panel of the suitable candidates will be prepared post & remain valid for 1 year from publication of result.
5. Only short listed candidates on the basis of weight age on educational qualification, experience etc. will be called for Written Examination/Computer Test / Interview.
6. For appearing at the Written Test, Computer Test, interview, no TA/DA will be paid.
7. The candidature of the applicant shall be cancelled at any stage of recruitment if the supportive certificate and information given in application is found false and incomplete application will be rejected.
8. District Health and Family Welfare Samity reserves the right to cancel the recruitment process at any stage without assigning any reason thereof. The decisions of the selection committee in any case should be considered final.
9. Relaxation for age will be given for SC/ST/OBC candidates as per norms.
10. **The name of the post should be mentioned in block letter in the Application form & top of the envelope.**
11. Canvassing in any form will be considered as disqualification.


Secretary, District Health & Family Welfare Samity
& Chief Medical Officer of Health, Malda

APPLICATION FORMAT

(To be filled up by the candidates own hand writing)

Affix Recent
Passport size
photograph

To
The Secretary, DH & FW Samity
& CMOH, Malda

Application for the post of _____

NEFT No. _____ Date: _____

Name of the applicant (in BLOCK letters) : _____

Father's/ Husband's/ Guardian's Name : _____

Full Address for correspondence : _____

Dist. _____ Pin _____

Present Address : _____

Dist. _____ Pin _____

Contact Number: _____ Nationality _____

Email ID (mandatory): _____

Date of Birth : _____ dd _____ mm _____ yyyy Sex _____

Age as on 01.01.2022 _____ Days _____ Months _____ Years.

Caste Status: _____ Marital Status _____

Educational Qualification (Self Attested copy must be submitted with the application) :

Sl. No.	Exam. Passed (Strike out which is not applicable)	Year of passing	Board / Council / University	Total Marks	Marks Obtained	% Marks	Division
a.	Madhyamik						
b.	Higher Secondary						
c.	Graduation (Pass / Hons.)						
d.							
e.							

Technical Qualification (Self Attested copy must be submitted with the application):

Exam. Passed	Year of passing	Board / Council / Institution/ University	Total Marks	Marks Obtained	% Marks	Division/ Result

Details of Working Experience (Self Attested copy must be submitted with the application) :

Sl. No.	Name of the Organization / Institution	Key task assigned	Period		Year of experience
			From	To	
Total Year of Experience :					

I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage of recruitment thereafter it shall disqualify me for the post applied for and/or I shall be liable for any other action that may be taken under the extant rules.

Date : _____

Signature of the Applicant

Place : _____

***The envelope must be superscripted by the name of the post. (Application for the post of _____.)