

GOVERNMENT OF WEST BENGAL

OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI 11, DR. P. K. BANERJEE ROAD, LICHUBAGAN, HOWRAH – 711101

No: DHFWS/HOW/3235/22 Date: 14.12.2022

WALK-IN INTERVIEW FOR THE POST OF SPECIALIST & MO UNDER XV FC-HG

As decided by the District Level Selection Committee, Howrah, walk-in interview for the post of Specialist on part-time basis for polyclinic or specialist services in Urban Local Bodies and Medical Officer of Urban - Health & Wellness Centre (U-HWC) under XV Finace Commission—Health Grant (XV FC-HG) will be conducted on 30th December 2022 (Friday) at 10:30 AM at the Bungalow Office of the CMOH, 11, Dr. P. K. Banerjee Road, Lichubagan, Howrah-711101 (Near Mallikphatak, between Correctional Home (Jail) & BSNL Office).

Post No.	Name of the Post	Number of Vacancy	Place of Posting	Age limit as on 1 st January 2022	Essential Criterion	Remuneration
01	Specialist (Medicine)	07	Any Polyclinic in Urban Local Bodies	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB in Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
02	Specialist (Paediatrics)	05	Any Polyclinic in Urban Local Bodies	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Paediatric Medicine Must be registered under West Bengal Medical Council 	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
03	Specialist (G&O)	06	Any Polyclinic in Urban Local Bodies	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Gynaecology & Obstetrics Must be registered under West Bengal Medical Council 	Rs.3,000/- per day (at least 3 hours per day) for thrice a week on part time basis
04	Specialist (Ophthalmolo gist)	05	Any Polyclinic in Urban Local Bodies	62 years or less	 MBBS degree from an MCI recognized Institute Post-Graduate degree / DNB / diploma in Ophthalmology Must be registered under West Bengal Medical Council 	Rs.3,000/- per day (at least 3 hours per day) for twice a week on part time basis
05	Medical Officer	03 (SC-01 & OBC-B-02)	Any U-HWC in Urban Local Bodies	62 years or less	 MBBS from a MCI recognized Institute with 1 year compulsory internship. Must be registered under West Bengal Medical Council 	Rs.60,000/-

Mode of Selection: It may two stages selection process. 1. Screening of documents in time of walk-in interview & 2. Interview (Viva-voce). Final selection may be made on the basis of mark obtained in interview (Viva-voce) and academic degree/diploma.

Scale of Scoring: 10 marks in interview (Viva-voce) & 10 marks for degree / 5 marks for diploma (maximum 10 marks will be awarded)

Desiring Specialist/Medical Officer may attend the walk-in interview along-with the specific filled-in application format, a photocopied 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 stages of selection such as Interview. If found ineligible after document 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
- Proof of Identity (Passport or Voter ID Card or AADHAR Card or PAN Card)
- Proof of Address (Passport or Voter ID Card or AADHAR Card or Ration Card)
- Proof of Age (Madhyamik or equivalent examination certificate/Admit Card)
- All marksheets and pass certificates starting from Secondary onwards (including MBBS / Post-Graduate degree / DNB / Diploma etc.)
- Registration Certificate under West Bengal Medical Council / Medical Council of India
- All the post qualification 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 (10:00 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. List of eligible & ineligible, select & waiting panel of candidates will be posted at www.healthyhowrah.org
- 7. No TA/DA is admissible for attending the verification

Chief Medical Officer Health & Secretary

DHFWS, Howrah

Enclosure: Application Format



APPLICATION FORM (Fill-in the form in CAPITAL LETTER only)

Post Applied for	Add recent Colour passport size self photograph							
1. Name:	I					_		
2. Father's / Mother's	/ Husband's Name :							
3. a. Date of Birth b. Age as on 01.01	: 1.2022 : Yrs	Months	4. Disti	rict of Domicile:		5. Sex (M/F/C)):	
6. a. Address for Con	nmunication:		•	7. Caste (SC /ST /	OBC-A /OBC-B	/Unreserved)	:	
b. Permanent Add	lress:			8. Present Teleph	one No :			
9. Email Address:				10. Mobile No.:				
11. Education: please	e list all qualification	s	(MBBS onwards)				
Degree	University / Board etc.	Year of pa	essing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance	

12. Employment Record:		
(Total years of post-quali	fication experience) :	
13. Details of Employmen	it: (Use separate sheets	if required).
		e order all the employments you have had.
13 A. Current Employn Name of Employer:	nent:	
From Month / Year	To Month / Year	<u>Designation</u>
Location of Employment:		
Description of your du	ties:	
13 B. Previous Employ Name of Employer:	ment:	
From Month / Year	To Month / Year	Designation
Location of Employment:		
13 C. Previous Employ Name of Employe	ment:	
From Month / Year	To Month / Year	Designation
Location of Employment:		
Description of your du	ities:	
14. For the post of : Me A. Whether 01 year	dical Officer- r internship done (Yes /	′ No)
B. Whether Registe	red under West Bengal	I Medical Council (Yes / No)? Registration Number :
		Declaration
of my knowledge and be	elief. If any information f lidature for contractual r	furnished above are based on material records and are true to the best furnished or any part of it is found to be incorrect, then I do believe and recruitment to the post I have applied for is liable to be cancelled without
Place : Date :		Signature of the Applicant