

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@wbhealth.gov.in

Memo No... 4687

Date 14-12-16

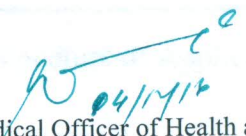
RECRUITMENT NOTICE

Applications are invited for contractual engagement in the following post under District Health and Family Welfare Samiti, Cooch Behar initially for one year subject to renewal based on performance. The details are given below,-

Name of the Post	Number of post	Required Qualification	Age limit as on 01-02-2016	Consolidate Remuneration/ Month (Rs)
ANMs for UPHCs under NUHM	2 (1 UR +1 SC)	<ul style="list-style-type: none">• Women within the age group of 25-35 years will be selected as ANM. Upper age limit is relaxable for 5 years for SC/ST women. For the candidate belonging of the other Backward Classes (OBC), a 3 years relaxation will be admissible.• Should be permanent resident of the particular ULB for which she will be selected. In case of Municipal Corporation, if borough exists, candidate must be the resident of same borough for which she will apply.• Should be a married, divorced or widowed women.• Minimum Qualification Should be Higher Secondary (10+2) or equivalent exam passed	25-35 Years	9380/-

Important Instruction;-

- Candidates may apply on specific format, given below. Applicant must superscribe on envelope "Name of the Post applied for
- The application must be accompanied with self attested photocopies of all required testimonials, i.e. age proof, residential proof, caste certificate (if any), marks-sheet, experience certificate and other relevant certificate etc. should be sent by post / courier or by hand to drop box to the following address – To, Chief Medical Officer of Health and Secretary, Dist. Health and Family Welfare Samiti, Debi Bari Road, Lalbagh, Cooch Behar – 736101.
- The last date for receiving the complete application is 14th January' 2017 up to 5.30 PM. No application will be entertained after last date for the receipt of application.
- Candidates applying more than one position should send separate application.
- Details information and format of application is available at www.coochbehar.gov.in and www.wbhealth.gov.in.
- 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.
- District Health and Family Welfare Samiti reserves the right to cancel the recruitment process at any stage without assigning any reason thereof.


Chief medical Officer of Health and Secretary,
District Health and Family Welfare Samiti,
Cooch Behar

APPLICATION FORMAT

Self attested
Photograph

Application for the post of

1. Name(Capital Letter): _____
2. Father's/Husband's Name: _____
3. Address :

POST- _____ PIN- _____
4. Date of birth: _____
5. Age (as on 24.02.16): _____
6. Caste : _____
7. Nationality : _____
8. Mobile No : _____
9. Qualification (Self attested photocopy of certificate must be submit with the application).

Sl No	Educational Qualification	Board / University	Total Marks	Obtain Marks	Percentage of Marks (%)
A	Secondary				
B	Higher Secondary				
C	Graduation				
D	Post Graduation				
E	Others				

10. Technical Qualification (Self attested photocopy of certificate must be submit with the application):-
 - i)
 - ii)
 - iii)
11. Experience (Self attested photocopy of experience certificate must be submit with the application):-
 - (i)
 - (ii)
 - (iii)

DECLARATION:-I do hereby declare that all the information given above is correct and complete in all respect. I understand that my application is liable to rejection if any of the information stated above is found to be incorrect and is not supported by certificate.

Place

Date

Signature of Applicant