



GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
RAMPURHAT HEALTH DISTRICT

E.mail: cmohrampurhathd@gmail.com

Contact No: (03461)-358022

Memo No. DHFWS/RPH/DPMU/557

Dated: 23.02.2024

WALK-IN INTERVIEW
(Including computer Test)

A Walk-in Interview along with computer test will be conducted on 06th March, 2024 by the District Level Selection Committee (DLSC) of District Health and Family Welfare Samiti, Rampurhat Health District for engagement of Medical Officer under National Tuberculosis Elimination Programme (NTEP) for Rampurhat Health District, details of the post is mentioned below –

01.	Name of the post	Medical Officer-NTEP		
	Number of post & Category	01 (One) UR		
	Place of posting	DTC, Rampurhat Health District		
	Monthly Consolidated Remuneration	Rs.60,000/- (Rupees Sixty Thousand Only)		
	Age as on 1st January 2024	Upper age limit 67 years Lower Age Limit 21 Years		
	Essential Criteria	1. MBBS degree from institution, recognized by Medical Council of India/National Medical Commission (NMC) 2. Must have completed compulsory rotatory internship 3. Working knowledge in Computer		
	Preferential Criteria	1. Diploma/MD Public Health/ Community Health Administration (CHA)/ Tuberculosis & Chest diseases 2. 02(Two) years experience in any Public Health Programme		
	Scale of Scoring	Particulars	Max. Marks	Remarks
		Class X	05	Proportionate Marking (i.e. % obtained in the exam excluding additional subjects where marks in excess of pass marks are added to the aggregate will not be considered) rounded off to 2 decimals.
		Class XII	10	
		MBBS	30	(Proportionate making)
		Diploma/MD in Public Health/ CHA/ Tuberculosis & Chest diseases/MD Pulmonary Medicine/Internal Medicine, whichever is applicable.	20	(Additional marks)
		02 (Two) years experience in any Public Health programme	10	(Additional marks)
		Computer Test	10	
		Interview	15	
		Full Marks	100	

The eligible candidates should appear before the 'District Level Selection Committee' of District Health and Family Welfare Samiti, Rampurhat Health District located at MNK Road, Old Outdoor Campus, Kamarpotty More, Rampurhat, Dist. Birbhum, Pin- 731224, W.B. on the mentioned date i.e. **06th March, 2024 at 10.30 a.m.** along with the following documents in original & one set self-attested photocopy –

- Application as per Proforma provided
- Admit card of Madhyamik Examination as age proof
- All mark-sheet & Certificate of Class X , Class XII , MBBS Degree, PG Diploma/ PG Degree etc.
- Registration certificate from West Bengal Medical Council.
- Experience Certificate working in any Govt. /Semi-Govt./Private Hospital/Nursing Home, if any. Appointment letter will not be treated as Experience Certificate. Voluntary service will not be treated as working experience.
- Voter card/ Driving License /Passport / Aadhaar card as identity proof



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- vii. Caste Proof Certificate, if applicable
- viii. Application fee deposit receipt. (Application fee Rs. 100/- for General Caste & Rs.50/- for Reserved Category(SC/ST/OBC must be deposited in favour of A/C No. 0212010364782, IFSC - PUNB0021220, PNB of District Health and Family Welfare Samiti, Rampurhat Health District through UPI/NEFT/RTGS including other online process).
- ix. Any other, if necessary.

Correspondence Address:-

O/O. The Chief Medical Officer of Health & Secretary
MNK Road, Old Outdoor Campus, Kamarpotty More, Rampurhat
Dist. Birbhum, Pin- 731224, W.B.

Chief Medical Officer of Health & Secretary
District Health & Family Welfare Samiti
Rampurhat Health District

Memo No. DHFWS/RPH/DPMU/ 557/1(c)
Copy forwarded for information to:-

Dated: 23.02.2024

1. The Director of Health Services, Swasthya Bhawan, Salt Lake, Kolkata-91
2. The Executive Director, WBSH&FWS & Mission Director, NHM, Swasthya Bhawan, Salt Lake, Kolkata-91
3. The PO-I, NHM, Swasthya Bhawan, Salt Lake, Kolkata-91
4. The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Salt Lake, Kolkata-91
5. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhawan, Kolkata-91 – with requested to publish this advertisement in the wbhealth.gov.in website
6. Office copy.

Chief Medical Officer of Health & Secretary
District Health & Family Welfare Samiti
Rampurhat Health District

Memo No. DHFWS/RPH/DPMU/ 557/2(c)
Copy forwarded for information & wide circulation to:-

Dated: 23.02.2024

1. The District Magistrate & Chairperson, DLSC, Rampurhat HD
2. The Addl. District Magistrate(G), Birbhum
3. The SDO, Rampurhat Sub-Division, Rampurhat, Birbhum
4. The Chairman, Rampurhat Municipality / Nalhati Municipality
5. The Dy.CMOH-I/Dy.CMOH-II/Dy.CMOH-III/DMCHO/DTO/ACMOH/DPHNO/A.O., Rampurhat HD
6. The OC, Health, Birbhum
7. The BMOH & BDOs of all Block, Rampurhat HD
8. The DPMU (all), Rampurhat HD
9. The DIO, NIC – with request to publish this advertisement in the official webpage of Birbhum.
10. Office copy.

Chief Medical Officer of Health & Secretary
District Health & Family Welfare Samiti
Rampurhat Health District

Application Format

Application for the post of :

1. Name (Block letter) :
2. Father's Name/Husband 's Name :
3. Address (in details) : Village/Town:.....
P.O:..... Pin:.....
Block/Municipality :..... District:
4. Contact number (Mobile) :
5. Email Id (mandatory) :
6. Date of birth :
7. Age (as on 01.01.2024) :
8. Gender :
9. Caste :
10. Fees deposit Amount : Rs..... through (offline /online mode of deposit)
11. Photo ID Proof submitted : Type, Number.....
12. Registration number under West Bengal Medical Council:
13. Essential Qualification (attached additional sheet , if required)

Exam Passed	Board/University	Full Marks	Marks obtained	% age of marks	Year of passing
MBBS (Including marks of all years)					
PG Degree (Including marks of all years)					
PG Diploma (Including marks of all years)					

14. Experience: (attached additional row , if required)

Sl No.	Name of the Post	Name of the Institution	Date of Joining	Date of Leaving	Total Years of experience

15. Enclosure (mentioned in details) :

Sl. No.		Sl. No.	
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

I, do hereby declare that the information furnished above are true. I also understand that if any information furnished is found to be incorrect or incomplete, my candidature is liable to be cancelled without any further intimation to me.

Date of Application:

Signature of the Applicant with date