



Government of West Bengal
Department of Health & Family Welfare
District Health & Family Welfare Samiti
BISHNUPUR HEALTH DISTRICT
At-Bishnupur, Dist.-Bankura. PIN-722122

Phone No- 03244-256753

Email-cmoh.bsnpr@gmail.com

Memo No. DH&FWS/BHD/2685

Date: 10.01.2021

RECRUITMENT NOTICE

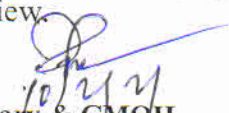
A "Walk-in Interview" is scheduled to be held on 18.02.2021(Thursday), 10:00 AM onwards at the CMOH Office, Gopalganj, Bishnupur Health District, PIN-722122, on purely contractual basis for the post of Community Nurse (National Mental Health Programme) National Health Mission, under District Health & Family Welfare Samiti, Bishnupur Health District.

All the eligible candidates are requested to appear before the interview board along with the "filled prescribed Application Form, Original and Photocopy of the Testimonials" related to the post applied for in accordance with the eligibility criteria noted below:

Sl. No	Name of Post	No of post category wise	Essential Qualification	Mode of Selection	Age as on 01.01.2021	Remuneration
1.	Psychiatric Nurse/ Community Nurse	1(ONE) -UR	Psychiatric Nurse: B.Sc in Psychiatric Nursing/ M.Sc in Psychiatric Nursing/ DPN Community Nurse: GNM from any institution recognized by Nursing Council of India or West Bengal Council with 1 month training in Psychiatric nursing from any recognized institution.	TOTAL MARKS -100 1. Academic qualification - 60 2. Working Experience-25 3. Interview-15	Up to 40 years	Psychiatric Nurse Rs. 28,000/- (Monthly Consolidated) Community Nurse Rs. 25,000/- (Monthly Consolidated)

General Information:

1. Only permanent resident of West Bengal are eligible to apply.
2. Candidates working in government organization must route their application through proper channel if their department rules require so and produce NOC at the time of interview.



Member Secretary & CMOH
District Health & Family Welfare Samity
Bishnupur Health District, Bishnupur, Bankura

Memo No. DH&FWS/BHD/ 2635/1 (14)

Date: 10.02.2021

Copy forwarded for information and necessary action to:-

1. The Hon'ble MIC & Chairman, District Recruitment Committee, Bishnupur Health District, Bankura.
2. The Director of Health Services, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
3. The Director of Medical Education, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
4. The Mission Director, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
5. The District Magistrate, Bankura.
6. The Programme Officer-I, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
- 7-11. The Dy. CMOH-I/ Dy. CMOH-II/ Dy. CMOH-III/DPHNO/AO, Bishnupur Health District, Bankura
12. The HR Cell, SHFWS, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
13. The IT Cell, Swasthya Bhawan with request to upload the notice at wbhealth.gov.in website.
14. The District Programme Manager/ District Statistical Manager, Bishnupur Health District.


Member Secretary & CMOH
District Health & Family Welfare Samiti
Bishnupur Health District, Bishnupur, Bankura

**GOVERNMENT OF WEST BENGAL
DISTRICT HEALTH AND FAMILY WELFARE SAMITI
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
BISHNUPUR HEALTH DISTRICT, BISHNUPUR, BANKURA**

APPLICATION FORM

To
The Member Secretary & CMOH
District Health Family Welfare Samiti
Office of the CMOH
Bishnupur Health District,
PO-Bishnupur, Dist.-Bankura
Pin- 722122.

Affix recent passport
size photograph duly
self attested

1. Post applied for:.....
2. Serial No. of Post :.....
3. Name (In capital letter):.....
4. Father's / Husband Name :
5. Address for communication: C/O.....
Vill/ Town/ Road:
- Post Office: P.S
- Dist Pin
6. Date of Birth(DD/MM/YYYY):.....
7. Age as on date of Advertisement:
8. Sex : Male / Female /Others (Please tick)
9. Marital Status: Married /Unmarried (For married female candidate Marriage Registration Certificate is required to be attached)
10. Nationality:
11. Voter ID no/ Aadhar no:
12. E-mail Id
13. Mobile No:

14. Category: (please ✓ in box)

Gen	SC	ST	OBC-A	OBC-B	Others

15. Professional /Technical/Computer Knowledge:

Sl.No.	Name of Course	Name of institute/ Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade



16. Educational Qualification:

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1.						
2.						
3.						
4.						
5.						

17. Experience: Yes/No (if yes, filled the details)

Name of the Post	Name of the Organization	Govt. / Private	Duration		Total Experience (in months)
			From	To	

18. Enclosure:

Sl.No.	Documents (self attested Xerox copy)	Documents Submitted (Yes/No)
1.	Age Proof	
2.	Residential proof	
3.	Caste Certificate	
4.	Secondary passed along with mark sheet	
5.	Higher Secondary passed along with mark sheet	
6.	Graduation passed along with mark sheet and certificate	
7.	Post Graduation passed along with mark sheet and certificate	
8.	Mark Sheet, Certificate in computer/technical/ professional knowledge of qualification	
9.	Joining letter/ appointment letter	
10.	Experience certificate	
11.	Driving license (for the post of PPM coordinator)	
12.	Others (if any)	

DECLARATION:-

I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:
Place:



(Full signature of Applicant)