GOVERNMENT OF WEST BENGAL

Office of the Chief Medical Officer of Health& District Health &Family Welfare Samiti, Purulia

(Zilla Swasthya Bhavan, Ranchi Road, Purulia) e-mail:

cmoh pur@rediffmail.com :: cmohpur@gmail.com Tele Fax No: 03252-22553

Memo No: 34

Dated: 14.4.2020

As per order of Addl. Secretary to the Govt. of West Bengal, Department of Health & Family Welfare (Health Services Branch), Swasthya Bhavan, Kolkata – 91 vide Memo No. HF/O/HS/496/Z-05/2020 dated 6th April, 2020 the following post of different category will be filled up temporarily exclusively for COVID Hospital, Purulia. This temporary engagement is valid for a period of 2 months initially which may be extended as per need and approval from the higher authority.

SI. No.	Name of the Post	No. of Post	Qualification	Age as on 01-01- 2020	Remuneration (Consolidated Per Month)
01	Medical Officer (Specialist)	04	MBBS from MCI Recognized Institution Registered in WBMC Weightage will be given for higher qualification	Up to 40 Yrs	Rs. 50000/-
02	Medical Officer (GDMO)	04	MBBS from MCI Recognized Institution Registered in WBMC Weightage will be given for higher qualification.	Up to 40 Yrs	Rs. 40000/-
02	Staff Nurse	06	Completed GNM training course from an Institute recognized by the Indian Nursing Council / West Bengal Nursing Council OR The candidate should have completed B. Sc. Nursing Course Must be registered under West Bengal Nursing Council Candidate should have proficiency in Local Language.	Up to 40 Yrs	Rs. 17,220/-

Walk in Interview will be held on 20.04.2020 at 11 AM onwards at Office of the CMOH & Secretary, DH&FWS, Ranchi Road, Purulia, Selection will be done on the basis of Walk-in-Interview.

Chief Medical Officer of Health & Chief Medical Officerws

Chief Medical Officerws

Of Health, Purplie

APPLICATION FORMAT

To
The Secretary
District Health & Family welfare Samity &
Chief Medical Officer of Health.
Purulia

Application Number:
Space use for office use only

- Ap	oplication for the post of	Space for pasting recent passport size colour photograph of
1.	Name in Full (in BLOCK Letter)	the candidate with his/her full signature
2	Sex (Put a tick) :- Male Female	thereon
3.	Father's / Mother's Name :	-
4.	Date of Birth : / / (DD/MM/YYYY)
5	Age (as on date of Advertisement) :-	-
6.	Nationality :	
7.	Caste (SC/ST/OBC-A/OBC-B/UR) -	
8.	Address communication	
9.	Permanent Address -	
10.	Contact Number - Landline (With STD Code) / Mobile	
	Email ID	

Qualification	Year of Passing	Subject (s)	/ Board / Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

13. Desirable Qualification	on [-
14. Driving License No.(i	f Applicables
19. Diving Electise No.()	(Applicable) -
	Declaration:
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