

Government of West Bengal Office of the Chief Medical Officer of Health District Health & Family Welfare Samity

Babupara, Maya Talkies Road, Alipurduar Dist.: Alipurduar, PIN: 736121

Tele.: 03564-257200, E-Mail: cmohapd@gmail.com

Memo. No. DH&FWS/APD/24-25/ 396

RECRUITMENT NOTIFICATION

Date: 05/08/2024

Applications are invited from eligible candidates for contractual engagement of following post for different AYUSH Public Health Program of Alipurduar districts under National AYUSH Mission (NAM) by the District Health & Family Welfare Samity, Alipurduar, as per the format and Terms of Reference (ToR), details of which are provided in the State Health Website www.wbhealth.gov.in, District Website www.alipurduar.gov.in and the notice boards of the Office of the Chief Medical Officer of Health, Alipurduar; Office of the District Magistrate, Alipurduar; Zilla Parisad, Alipurduar; District Hospital, Alipurduar; State General Hospital, Birpara and Super Specialty Hospital, Falakata.

The applicant must submit the application with self-attested photocopies of all relevant documents in the specific format along with non-refundable Demand Draft of Rs. 100 /- (one hundred) for UR categories and Rs. 50/- (fifty) for Reserved (OBC-A/OBC-B/SC/ST/UR-EWS(EC)) categories in favor of "DH&FWS, ALIPURDUAR, NON –NHM ACCOUNT" payable at Alipurduar. No other form of payment (like money order, Cheque or cash etc.) will be acceptable.

The duly filled application format along with self attested photocopies of the supportive documents (hard copy) and original Demand Draft should reach the "Office of the Chief Medical Officer of Health & Member Secretary, D.H.& F.W.S., Babupara, Maya Talkies Road, Ward No. XII, P.O. & Dist.: Alipurduar, PIN: 736121 by 29/08/2024 within 5 p.m. positively by registered post / speed post / courier only during office hour except on holidays. The department will not be responsible for any postal delay.

	N	ame of the Progra	am- AYUR\	/IDYA- Promotion of Healthy Life Style through AYUS	H system in schools
SI. No	Name of the Post	Monthly Remuneration	No of vacancy	Eligibility	Mode of Selection
11	AYUSH Doctor (Ayurveda)	Rs. 40000/-	01(UR)	Essential Qualification: Graduate degree in Ayurveda (BAMS) from recognized University. Candidates must be registered in the State Council of Ayurveda, West Bengal Desirable Qualification: Working experience in Public Health Program of Government/ PSU or reputed Private organization. Exposure in Social sector Schemes/Govt. Missions at National, State and District level. Working in Health sector including AYUSH. Computer knowledge including MS Office, MS Word, MS Power Point and MS Excel Age (as on 01-01-2024): 21 Years to 50 Years (D.O.B. should be within 01.01.1974 to 01.01.2003	Total Marks - 100: ➤ 85 (based on % of marks obtain in the total BAMS examination) ➤ Experience from recognized organization will be calculated as = 1 mark for each completed year up to 5 years and 2 marks for each completed year above 5 years totaling maximum up to 15.
2.	Multi-Purpose Worker (MPW)	Rs. 15000/-	01(UR)	Essential Qualification: Graduate from any recognized University and have completed at least 1 year Diploma Course in Computer (including MS Word, MS Power Point and MS Excel) from any Government registered Institution. Desirable Qualification: Exposure in Social sector Schemes/Govt. Missions at National, State and District level. Age (as on 01-01-2024): 21 Years to 40 Years (D.O.B. should be within 01.01.1984 to 01.01.2003	Total Marks − 100: > 75 (based on % of marks obtain in the final degree examination) > Computer Test- 15 Marks (applicants will have to obtain at least 50% marks; failing which the candidature will be treated as cancelled) > Experience- 2 marks for each completed year totaling maximum up to 10.



Government of West Bengal Office of the Chief Medical Officer of Health

District Health & Family Welfare Samity Babupara, Maya Talkies Road, Alipurduar

Dist.: Alipurduar, PIN: 736121

Tele.: 03564-257200, E-Mail: cmohapd@gmail.com

Memo. No. DH&FWS/APD/24-25 396

Date: 05 08 2024

			N	ame of the Program- AYUSH palliative care (Karuna)	
SI. No	Name of the Post	Consolidated Monthly Remuneration (Rs.)	No of vacancy	Eligibility	Mode of Selection
3.	AYUSH Doctor (Homoeopathy)	Rs. 40000/-	01(UR)	Essential Qualification: Graduate degree in Homoeopathy (BHMS) from recognized University. Candidates must be registered in the Council of Homoeopathic Medicine, West Bengal Desirable Qualification: Working experience in Public Health Program of Government/ PSU or reputed Private organization. Exposure in Social sector Schemes/Govt. Missions at National, State and District level. Working in Health sector including AYUSH. Computer knowledge including MS Office, MS Word, MS Power Point and MS Excel Age (as on 01-01-2024): 21 Years to 50 Years (D.O.B. should be within 01.01.1974 to 01.01.2003	Total Marks - 100: > 85 (based on % of marks obtain in the total BHMS examination) > Experience from recognized organization will be calculated as = 1 mark for each completed year up to 5 years and 2 marks for each completed year above 5 years totaling maximum up to 15
4.	Multi-Purpose Worker (MPW)	Rs. 15000/-	01(UR)	Essential Qualification: Graduate from any recognized University and have completed at least 1 year Diploma Course in Computer (including MS Word, MS Power Point and MS Excel) from any Government registered Institution. Desirable Qualification: Exposure in Social sector Schemes/Govt. Missions at National, State and District level. Age (as on 01-01-2024): 21 Years to 40 Years (D.O.B. should be within 01.01.1984 to 01.01.2003	Total Marks – 100: > 75 (based on % of marks obtain in the final degree examination) > Computer Test- 15 Marks (applicants will have to obtain at least 50% marks; failing which the candidature will be treated as cancelled) > Experience- 2 marks for each completed year totaling maximum up to 10.

General Instructions:-

- Prescribed application format and other details i.e, eligibility etc will be available in the website www.wbhealth.gov.in. No other format of application will be entertained/accepted.
- Photocopies of the supportive documents (self attested) and requisite Demand Draft need to be attached with the prescribed application format.
- Relaxation of age for the candidates applied for the post of "Multi-purpose Worker (MPW)" only will be considered as per existing norms (ToR) of the State.
- The applicant must be a permanent resident of West Bengal".
- The applicant must have "knowledge of local languages".
- Applicants are requested to visit <u>www.wbhealth.gov.in</u> and <u>www.alipurduar.gov.in</u> regularly for further information/instruction issued by the authority.
- Any omission or suppression of information shall lead to rejection of application or candidature at any stage of the selection process without further intimation.
- No rounding of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
- If the aggregate mark after final selection is equal then preference to be given to the candidate inter-senior in age as on the first date of the year of publication of the advertisement.
- Selection will be conducted by the District level selection committee, Alipurduar. District Health & family Welfare Samity reserves the right to cancel the
 recruitment process at any stage without assigning any reason thereof.

District Medical Officer (AYUSH),

Alipurduar

Member Secretary & CMOH
District Health & Family Welfare Samity
Alipurduar



Government of West Bengal Office of the Chief Medical Officer of Health District Health & Family Welfare Samity

Babupara, Maya Talkies Road, Alipurduar Dist.: Alipurduar, PIN: 736121

Tele.: 03564-257200, E-Mail: cmohapd@gmail.com

Memo. No. DH&FWS/APD/ 24-25/396 11 (13)

Date 05/08/2024

Copy forwarded for information with a request to display in the office notice board:

- 1. The District Magistrate, Alipurduar
- 2. The AEO , Zilla Parishad, Alipurduar
- 3. The SDO, Alipurduar
- 4. The DICO, Alipurduar
- 5-7. The Superintendent, D. H., Alipurduar/ S.S.H., Falakata/ S.G.H., Birpara

8-13. The BMOH, Apd-I/Apd-II/Falakata/Kalchini/Kumargram/Madarihat

Member Secretary & CMOH
District Health & Family Welfare Samity
Alipurduar

Memo. No. DH&FWS/APD/ 24-25 / 396/1 (10)

Date 05/08/2021

Copy forwarded for information to:

- 1. The Director of Health Service & E.O. Secretary, Govt. of West Bengal.
- 2. The DG, AYUSH, Govt. of West Bengal, Swasthya Bhawan
- 3. The Special Secretary, AYUSH & Additional Executive Director, WBAS
- 4. The Director of Homoeopathy, Govt. of West Bengal, Swasthya Bhawan
- 5. The Director of Ayurveda, Govt. of West Bengal, Swasthya Bhawan
- 6. The Dy. CMOH-I/II/III/IV, Alipurduar
- 7. The Accounts Officer, O/o the CMOH, Alipurduar
- 8. The Senior Director (IT) & DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with a request to publish the notice in the website www.alipurduar.gov.in
- 9. The System Co-ordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with a request to publish the advertisement in the website www.wbhealth.gov.in

10. Office copy

Member Secretary & CMOH

District Health & Family Welfare Samity

Alipurduar

APPLICATION FORMAT (USE BLACK/BLUE BALL PEN FOR FILLING UP THE APPLICATION)

To
The Chief Medical Officer of Health
&
Member Secretary, District Health & Family Welfare Samity
Babupara, Maya Talkies Road, Ward No-12,
District-Alipurduar, Pin: 736121
West Bengal

Affix a recent passport size colour photograph

A	plication for the post of		
1.	Name in Full (In Block Letters)	:	
2.		dimental like the second like	
3.	Date of Birth (DD/MM/YYYY)	:	
4.	Age as on 01.01.2024		
5 .	Sex (Please tick the suitable)	: Male Female	
6.	Nationality		
7.	Permanent Address		
8.	Present Postal Address	¥.	
9.	Contact No	Pin: :	
10.	Email ID		

lease enc	lose self attested				
	of caste certificate)				
Education	onal Qualification : (Self attested	photocopies m	nust be enclosed)		
SI.		Year of			1
No.	Examination Passed	Passing	Board / University	Total Marks	Marks Obtained
					LE UNA
				Marie Land	1-7
N.B: a					
Registrat n the res	considered ion number with date : pective State Council omoeopathy)	sneets are not	attached with the applica	tion, the mar	ks will not
Registrate the resurveda/H Details of ase enclosexperience period of	cion number with date : pective State Council		attached with the applica	tion, the mar	ks will not
Registrate the resurveda/H Details of ase enclock period of the signature.	cion number with date : pective State Council omoeopathy) Work Experience : use self attested photocopy use certificate clearly mentioning of work in the official letter head ure, seal and date)	DECLARA	TION		
Registrat m the res urveda/H Details of ase enclo experienc period of h signatu	cion number with date : pective State Council omoeopathy) Work Experience : see self attested photocopy e certificate clearly mentioning f work in the official letter head are, seal and date) declared that all statements re	DECLARAT	FION oplication are correct to the	ne best of my	knowledge
Registrat m the res urveda/H Details of ase enclo experienc period of h signatu	cion number with date : pective State Council omoeopathy) Work Experience : use self attested photocopy the certificate clearly mentioning of work in the official letter head	DECLARAT	FION oplication are correct to the	ne best of my	knowledge
Registrat m the res urveda/H Details of ase enclo experienc period of h signatu	cion number with date : pective State Council omoeopathy) Work Experience : see self attested photocopy e certificate clearly mentioning f work in the official letter head are, seal and date) declared that all statements re	DECLARAT	FION oplication are correct to the	ne best of my	knowledge
Registrate the resurveda/H Details of ase enclosexperience period of his signature thereby the belief and the results of the r	cion number with date : pective State Council omoeopathy) Work Experience : see self attested photocopy e certificate clearly mentioning f work in the official letter head are, seal and date) declared that all statements re	DECLARAT	FION oplication are correct to the	ne best of my	knowledge
Registrate the resurveda/H Details of ase enclosexperience period of the signature the	cion number with date : pective State Council omoeopathy) Work Experience : see self attested photocopy e certificate clearly mentioning f work in the official letter head are, seal and date) declared that all statements re	DECLARAT	FION oplication are correct to the	ne best of my	knowledge
Registrate the resurveda/H Details of ase enclosexperience period of his signature thereby the belief and the results of the r	cion number with date : pective State Council omoeopathy) Work Experience : see self attested photocopy e certificate clearly mentioning f work in the official letter head are, seal and date) declared that all statements re	DECLARAT	FION oplication are correct to the	ne best of my	knowledge