

District Health & Family Welfare Samiti, Hooghly

No : DHFWS/ 8734

Dated : 04/12/18

RECRUITMENT NOTICE

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

Sl No	Name of the Post	Number of post	Essential Qualification	Age limit as on 01/01/2018	Consolidated Remuneration/ Month (Rs)
01	Physiotherapist under NPCDCS	01	BPT	Not to exceed 40years , (relaxation as per govt. rules)	Rs.20,000/-

4.12.18

04/12/18
Member Secretary
District Health & Family Welfare Samiti
Hooghly

Memo No 8734/1(8)

Dated :

Copy forwarded for information & necessary action please.

- 1 Ms Ashima Patra, Hon'ble MIC and Chairman Recruitment Committee for Hooghly District.
- 2 The Mission Director, NHM, Govt. of WB, Swasthya Bhavan, Kol 91.
- 3 The Director of Health Services & E.O. Secretary, Govt. of WB, Swasthya Bhavan, Kol-91.
- 4 The Addl. Mission Director, NHM, Govt. of WB, Swasthya Bhavan, Kol- 91.
- 5 The District Magistrate, Hooghly
- 6 The DIO, NIC, Hooghly - with request to upload the recruitment notice in the official website of Hooghly District.
- 8 Guard file

04/12/18
Member Secretary
District Health & Family Welfare Samiti
Hooghly

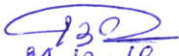
GENERAL INSTRUCTIONS

Date of Application: From 06/12/2018(All working days between 11:00 AM to 05:00 PM except Saturday & Holidays) & last date is 14/12/2018 upto 05:00 PM

Application in sealed envelope will be received at the Member Secretary, DH&FWS & Chief Medical Officer of Health, Hooghly, New Administrative Building 1st Floor, DRS Complex, Chinsurah, Hooghly 712101 **(All working days between 11:00 AM to 05:00 PM except Saturday & Holidays)**. Application received beyond 14/12/2018 will be rejected. No separate admit card will be issued for eligible candidates. Short listed candidates will be webposted at www.hooghly.nic.in & wbhealth.gov.in for interview. Candidates are instructed to follow the websites regularly for any future communication.

- 1) Demand draft of Rs 100/- (Rupees Hundred only) for General Category & Rs 50/- (Rupees fifty only) for SC/ST/OBC & other reserved categories drawn in favour of "District Health & Family Welfare Samity, Hooghly" A/C Non NHM payable at Chinsurah/Kolkata Branch will be enclosed along with the application. Use of stapler pin or stitching in case of demand draft will not be allowed. Back of the draft must be bearing the name of the applicant & contact number. Applications without the demand draft will be rejected.
- 2) Application will be submitted in prescribed format. No other forms will be accepted. Candidates submitted in separate format will be summarily rejected.
- 3) The Recruitment Committee reserve the right to cancel the recruitment process at any stage without assigning any reason whatsoever.
- 4) Self attested photocopy of all the certificates, mark sheets, **age proof** (Birth Certificate/Admit card of Madhyamik or equivalent, caste certificate (issued from competent authority) of the candidate & recent one photograph to be pasted in the space provided in the right hand upper corner of the Application form.
- 5) Self attested Xerox copy of photo **identity proof & residential proof** (Passport /EPIC card /ADHAR card /Driving License) to be submitted along with Application.
- 6) No TA/DA will be paid to the candidates for appearing in the interview process.

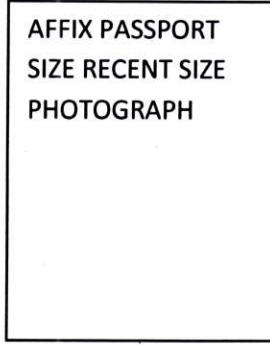
Sl.No	Date	Particulars
01.	06.12.2018 to 14.12.2018 upto 5:00 PM.	Receiving of Applications
02.	18.12.2018	Tentative Publication of eligible list
03.	27.12.2018	Tentative Date of interview


04.12.18


**Chief Medical Officer of Health
& Member Secretary, DH&FWS, Hooghly**

APPLICATION FORMAT FOR THE POST OF PHYSIOTHERAPIST

1. NAME IN FULL (IN BLOCK LETTER).....
2. SEX.....
3. FATHER'S/HUSBAND NAME:.....
4. CASTE (GEN/SC/ST/OBC).....
5. DATE OF BIRTH.....
6. AGE AS ON 01.01.2018.....
7. CONTACT NO.....
8. ADDRESS FOR COMMUNICATION
VILLAGE/CITY/BLOCK.....
POST OFFICE.....
P.S.....
DIST- HOOGHLY.
PIN.-



DRAFT NO:-

1. QUALIFICATION -

EXAM PASSED	YEAR OF PASSING	UNIVERSITY / BOARD /INSTITUTE	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
MADHYAMIK/10 TH CLASS					
HIGHER SECONDARY/12 TH CLASS					
GRADUATION					
BPT					
COMPUTER					

I SOLEMNLY DECLARE THAT (A) ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE; (B) ORIGINAL DOCUMENTS WILL BE PRODUCED ON DEMAND; (C) I UNDERSTAND THAT THE CONCERNED AUTHORITY RESERVE THE RIGHT TO REJECT MY CANDIDATURE UPON SHORT LISTING OF THE CANDIDATES BASED ON QUALIFICATIONS AND EXPERIENCES AS DESIRED BY THE COMPETENT AUTHORITY.

DATE

SIGNATURE OF THE CANDIDATE