

No : DHFWS/479

District Health & Family Welfare Samiti, Hooghly

Dated : 27/01/17

**WALK-IN INTERVIEW NOTICE**

**Recruitment for the post of Physiotherapist under NPCDCS:**

Eligible candidates may attend for walk-in interview along with application on prescribed format, original & self attested photo copies of testimonials including proof of age, qualification, experience certificates with demand draft for filing up the Post of **Physiotherapist under NPCDCS** Hooghly district purely on contractual basis.


Qualifications and other details are hereunder:- **Annexure-X ( Application Form)**

Sl No	Name of the Post	No. of Post	Place of Posting	Qualification	Age (as on 01.01.2017)	Remuneration (Consolated in Rs)
1	Physiotherapist-under NPCDCS	1(UR)	DISTRICT NCD Clinic	Essential: BPT	upto 40 yrs (as on 1.1.2017)	20000/- per month

**Application Fee:** 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 & Name of the post applied for. Applications without the demand draft will be rejected.

**Date of Walk-in Interview: 06/02/2017**

**Time of Registration: 11 AM to 12 Noon on 06/02/2017**

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

**APPLICATION FORMAT FOR THE POST OF**

**Annexure -X**

1. NAME IN FULL (IN BLOCK LETTER).....
2. SEX (PUT A TICK)
3. FATHER'S/HUSBAND NAME:.....
4. CASTE (GEN/SC/ST/OBC).....
5. DATE OF BIRTH.....
6. AGE AS ON 01.01.2017 .....
7. CONTACT NO.....
8. ADDRESS FOR COMMUNICATION  
VILLAGE/CITY/BLOCK.....  
POST OFFICE.....  
P.S.....  
DIST- HOOGHLY.  
PIN- .....

AFFIX PASSPORT  
SIZE RECENT SIZE  
PHOTOGRAPH

DRAFT NO:-

1. QUALIFICATION -

EXAM PASSED	YEAR OF PASSING	UNIVERSITY / BOARD /INSTITUTE	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
MADHYAMIK/10 <sup>TH</sup> CLASS					
HIGHER SECONDARY/12 <sup>TH</sup> CLASS					
GRADUATION					
ADDITIONAL QUALIFICATION					
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