



Government of West Bengal  
**District Health & Family Welfare Samiti**  
Office of the Chief Medical Officer of Health  
Basirhat Health District,  
Badartala, District Hospital Campus, Basirhat-743292  
Phone : 03217 265671; Email : [basirhatcmoh2016@gmail.com](mailto:basirhatcmoh2016@gmail.com); [dpmu.bhd@gmail.com](mailto:dpmu.bhd@gmail.com)



Memo. No. DHFWS/BSRHT/4165/21

Date: 30.12.2021

## **RECRUITMENT NOTICE**

In connection with the HFW-35099/188/2021/3244 dated 28.10.2021, interested eligible candidates are invited to appear in the **Walk-in-Interview** Board on **07.01.2022** at **11.00am** at the Office of the Chief Medical Officer of the Health, Basirhat Health District, for the engagement of **Co-ordinator**. **The engagement of this post will be temporary in nature and period of engagement will not be extended beyond 31.03.2022.**

- **Venue:Office of the CMOH, Basirhat Health District, Basirhat DH Compound, PO-Badartala, Basirhat- 743292**
- **Date: 07.01.2022**
- **Reporting Time: 11.00AM**

Please refer to the Terms of Reference (TOR) of each post for details of qualification and selection procedure-

Name of the Post	Name of Programme	Vacancy	Date of Selection procedure
Co-ordinator	ECRP-II	1 (UR)	07.01.2022

### **General information & instruction for candidates:**

- Filled up application (in prescribed format)
- The eligible candidates are requested to appear the interview with **RELEVANT ORIGINAL DOCUMENTS/TESTIMONIALS (Essential qualification mark-sheet, certificate, registration certificate, age proof, address proof, experience certificate, caste certificate and others)** along with **all self-attested photocopies of relevant documents/testimonials (mentioned below) and 2 passport size coloured photographs**
- Admit, Card & Mark Sheet of Madhyamik Examination or Equivalent
- Mark Sheet of Higher Secondary or equivalent
- All Mark Sheets (Semester/Year wise) of Degree/Diploma in concerned discipline
- Photo copy and original of Voter card/ Aadhaar card/ PAN/ other address proof
- **Registration time 11:00 AM to 12:00 Noon. The candidates who will appear after 12:00 Noon should not be eligible for registration**
- No TA/DA will be paid to the candidates for the selection test / interview

- Any omission/suppression of information shall lead to rejection of application or candidature at any stage of the process without further intimation. The conditions so prescribed shall not be relaxed

**ToR for engagement of different positions for HUB and SPOKE Model**

1) Name of the Position	: Co-ordinator
Place of Posting	: HUB and SPOKE
Age (as on 01.01.2021)	: Minimum 21 years and Maximum 40 years
Remuneration	: ₹ 45,000 per month
Essential Criteria	: 1) Post Graduation Diploma / Degree in Health Care Management / Hospital Administration 2) Proficiency in using MS-Office
Essential Experience	: At least 2 years experience of working with Government / Non-Government organisation.

**MODE OF SELECTION** : Walk-in interview

**Scale of Scoring – Total 100 Marks**

Particulars	Maximum Marks	Remarks
Class 12	10	Proportionate Marking ( i.e % of marks obtained in the examination * 10/100)
Graduation	20	Proportionate Marking ( i.e % of marks obtained in the examination * 20/100)
Post Graduation	30	Proportionate Marking ( i.e % of marks obtained in the examination * 30/100)
Experience	10	Over and above the essential experience of 2 years
Computer Test	20	Qualifying Marks for Computer Test is 50%.
Interview	10	
<b>Total</b>	<b>100</b>	

**Note: Essential qualification degree through Distant Learning Course or from any Open University will not be entertained**

The prescribed essential qualifications are the minimum and more possession of the same entitle the candidate to apply, but not for selection.

*PSC 30/12/2021*  
**Chief Medical Officer of Health**  
**DH & FW Samiti, Basirhat Health District**  
*30/12*

Memo. No. DHFWS/BSRHT/4165/21

Date: 30.12.2021

Copy forwarded for information and publication on Notice Board to the:

- District Magistrate , N-24 Paragans
- Sub-Divisional Officer, Basirhat
- Chairman Basirhat Municipality/Baduria Municipality/ Taki Municipality
- Superintendent, Basirhat District Hospital
- BDO/ Block Sabhadhipati,..... (All Block)
- DPMU, Basirhat Health District
- DPM with request to arrange to publish recruitment notice to the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in)&<https://basirhathealthdistrict.in/>
- Notice Board of this office.
- Office copy.

*PSC 30/12/2021*  
**Chief Medical Officer of Health**  
**DH & FW Samiti, Basirhat Health District**  
*30/12*

**APPLICATION FORM**

(FOR OFFICE USE ONLY)

APPLICATION NO

To  
The Chief Medical Officer of Health  
Basirhat Health District

**Subject: Application for the post of.....**

(Reference No. / Memo No. : Memo. No. DHFWS/BSRHT/4165/21 dated 30.12.2021)

1. Name ( in BLOCK letter ) : \_\_\_\_\_
2. Father's / Husband's / Guardian's Name : \_\_\_\_\_
3. Sex : \_\_\_\_\_ 4. Date of Birth (DD/MM/YYYY) : \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Age : \_\_\_\_\_ (As on 1<sup>st</sup> January 2021)
6. Caste (UR/SC/ST/OBC-A/ OBC-B) : \_\_\_\_\_ 7. Nationality: \_\_\_\_\_
8. Mobile number: \_\_\_\_\_ 9. Email ID: \_\_\_\_\_
10. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space for pasting  
Recent colour  
Passport size  
PHOTOGRAPH  
Of the candidate  
With his/ her full  
Signature  
thereon

11. Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Qualification:

Name of Examination/ Diploma/ Degree/ Course	Year of Passing	University/Board / Institute	Full Marks	Marks Obtained	% of Marks Obtained

  
CMOH & Secretary  
District Health & Family Welfare Samit  
Basirhat Health District

13. Details of post qualification experiences :

Organization	Govt. / Private / NGOs	Period		Total Experience
		From (date)	To (date)	

I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage of recruitment thereafter it shall disqualify me for the post applied for and/or I shall be liable for any other action that may be taken under the extant rules.

Yours faithfully,

\_\_\_\_\_  
Full Signature of the Applicant

Date:

Place:

*P. S. K.*  
CMOH & Secretary  
District Health & Family Welfare Samit  
Basirhat Health District