

**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 6<sup>th</sup> 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.

Sl. No.	Name of the Post	No. of Post	Qualification	Age as on 01-01-2020	Remuneration (Consolidated Per Month)
01	Medical Officer (Specialist)	04	<ul style="list-style-type: none"><li>• MBBS from MCI Recognized Institution</li><li>• Registered in WBMC</li></ul> Weightage will be given for higher qualification	Up to 40 Yrs	Rs. 50000/-
02	Medical Officer (GDMO)	04	<ul style="list-style-type: none"><li>• MBBS from MCI Recognized Institution</li><li>• Registered in WBMC</li></ul> Weightage will be given for higher qualification	Up to 40 Yrs	Rs. 40000/-
02	Staff Nurse	06	<ol style="list-style-type: none"><li>1. Completed GNM training course from an Institute recognized by the Indian Nursing Council / West Bengal Nursing Council</li></ol> <p style="text-align: center;">OR</p> <p>The candidate should have completed B. Sc. Nursing Course</p> <ol style="list-style-type: none"><li>2. Must be registered under West Bengal Nursing Council</li><li>3. Candidate should have proficiency in Local Language.</li></ol>	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.

  
**14.4.2020**  
Chief Medical Officer of Health &  
Secretary, DH&FWS  
of Health, Purulia

## APPLICATION FORMAT

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

Application Number: \_\_\_\_\_  
 Space use for office use only

**Sub – Application for the post of** \_\_\_\_\_

Space for pasting recent passport size colour photograph of the candidate with his/her full signature thereon

1. Name in Full (in BLOCK I.etter) :- \_\_\_\_\_
2. Sex (Put a tick) :-  Male  Female
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 \_\_\_\_\_

11. Email ID \_\_\_\_\_

12. Essential Qualification :-

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

13. Desirable Qualification :-

14. Driving License No.(if Applicable) :-

**Declaration:**

I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on demand. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate in Full