

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

Memo No. 600

Date 08.10.2020

Walk in Interview will be held on 15/10/2020 (Thursday) for engagement to the post of Medical Technologist (Critical Care) on contractual basis under the Chief Medical Officer of Health, Purulia. Details are given in the table below:

Sl. No.	Name of Post / Designation	Number of Vacancy	Qualification / Eligibility Criteria	Age	Remuneration	Selection Procedure
1	Medical Technologist (Critical Care)	04 01 (SC) 01 (ST) 02 (UR)	i) Passed Higher Secondary (10+2) examination or its equivalent with Physics, Chemistry and Biology and ii) A two year diploma in Critical Care Technology from State Medical Faculty, West Bengal or Bachelor Degree in Critical Care Technology from any recognized university	Not less than 21 years and not more than 39 years as on 01.01.2020 and relaxation for SC/ST candidates as per Govt. Norms.	Rs. 20,000/- (Twenty Thousand only) per month	Academic Qualification & interview

Above mentioned post is purely contractual. The selection will be done on the basis of guidelines of Department of Health & Family Welfare, Govt. of WB (i.e. Academic Qualification & Interview). The tenure of engagement may be renewed on the basis of satisfactory performance and approval of state authority.

Candidates should bring filled-up application format given here along with photocopies of documents listed below on the day of walking interview. They may have to produce original documents before the interview board.

- i) One self-attested photograph pasted on proper place of application format
- ii) Self-Attested photocopies of :-
 - a. Admit of Madhyamik / Equivalent (as proof of age)
 - b. Voter / ADHAAR Card (as proof of Address & Photo Identity)
 - c. All necessary Marksheet and Certificate of all educational qualification starting from Madhyamik / Equivalent.

Interview will start from 10.30 AM onwards on 15th October, 2020 in the Office Chamber of CMOH, Purulia.


Chief Medical Officer of Health
Purulia

Chief Medical Officer
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 Letter) - _____

2. Sex (Put a tick) :-

Male

Female

3. Father's / Mother's Name :- _____

4. Date of Birth :- _____ / _____ / _____ (DD/MM/YYYY)

5. Age (as on 30.09.2020) :- _____

6. Nationality :- _____

7. Caste (SC/ST/OBC-A/OBC-B/UR/PH) :- _____

8. Address for 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. Preferential Qualification :-

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

14. Computer Knowledge :-

15. Experience :-

Organization	Govt. / Private / NGO	Duration of Work		
		From Date	To date	Total duration

16. List of Self attested Photocopies – Documents enclosed (NO other document except mentioned below is required (Put Tick Mark in the box) :-

Sl. No.	Document	Yes	No	Sl. No.	Document	Yes	No
01	One Color Passport size Photograph			02	Voter ID Card/ Aadhar card for verification of Identity		
03	Ration card/ electricity Bill for verification of residential proof			04	Mark sheets & certificates of educational qualification as per eligibility criteria		
05	Mark sheets & certificates of computer knowledge			06	Driving License		
07	Certificate of experiences duly issued by the appropriate authority			08	Caste certificate, where 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