



NADIA ZILLA PARISHAD

(District Public Health Cell)

Krishnagar, Nadia, Phone : 03472-250026

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জন উদ্যোগে জনস্বাস্থ্য

Memo No : 111 /CHCMI/NZP

Date : 13 /01/2015

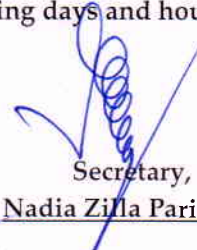
Notification for engagement of Part time AYUSH Doctor (NRHM) in GP Dispensary on contractual arrangement.

Detailed information for willing candidates as below:

1. Category of Post: Homoeopathic Medical Officer(Contractual basis,initially for one year)
2. Post: One (Baidyapur-II G.P. under Ranaghat-II Block)
3. Age as on 1/1/2015: Gen. 50 years (OBC 3 years & SC/ST 5 year's relaxation as per Govt. Rule.)
4. Educational & Professional Qualifications for submission of Applications: Secondary or its equivalent or H.S., MD, BHMS or DMS/DHMS in Homoeopathy registered with State or Central Council of Homoeopathy.
5. Documents of Residents: Voter I-Card / Ration Card / Bank Account / House-hold utility bill /Property/Pass Port.
6. Preference: Eligible candidate residing under concerned GP area will get 1st preference, if not available, then of concerned Block area and so on.
7. Remuneration: Rs.12100/- P.M.(@ Rs. 605/- per day for 20 days in a month)
8. Total Marks- 50 (Academic& Professional records-45 & Viva Voce-05)

One recent pass port size photo to be fixed on the scheduled place of the application, attested copies of all the above documents, self -addressed envelope (10.5"x4.5") with postage of Rs.5/- affixed on it. Last date of submission of application in the concerned Block on or before 22/01/2015 on working days and hours.

Prescribed format of application is affixed herewith.


Secretary,
Nadia Zilla Parishad.

Memo No : 111 /1(10)/CHCMI/NZP

Date : 13 /01/2015

Copy forwarded for information to :

- 1) P.A. to Sabhadhipati, Nadia Zilla Parishad.
- 2) C.A. to District Magistrate, Nadia.
- 3) Hindole Dutta, Deputy Secretary, P&RD Deptt.
- 4) The Karmadhyaksha, Janaswastha, Nadia Zilla Parishad.
- 5) CMOH, Nadia
- 6) C.A. to Secretary, Nadia Zilla Parishad.
- 7) The S.D.O. Ranaghat Sub-division, Nadia.
- 8) Executive Officer, Ranaghat-II .P.S.
- 9) The Programme Co-ordinator, DPHC, Nadia Zilla Parishad.
- 10) Prodhhan Baidyapur-II G.P.


Secretary
Nadia Zilla Parishad.

Application Format

To,
The Block Development officer,
----- Block
----- District

Self-attested
photograph

Sir/Madam,

Understanding from the advertisement published in the ----- Patrika Dated ----- and from the Notification No. 125-SPHC/5M-1/10 Dt. 29.03.2010, I offer Myself as a candidate for engagement as parttime ----- Medical Officer of ----- Gram Panchayat under ----- Block of ----- District, My particulars are given below.

1. Name of Candidate :
2. Name of father / husband :
3. Address mentioning of Block, Sub Division :
4. Whether he/she is a permanent resident of the Gram panchayat for which applied for :
5. Date of birth :
6. Category (General/SC/ST) :
7. Nationality :
8. Sex :
9. Educational Qualification in following Proforma. :

Name of Exam	Year of passing	% of marks obtained	Division/Class/Grade	Remarks if any
Secondary or its Equivalent				
Higher Secondary				
Diploma				
Graduation				
Post Graduation				

10. Work experience :

Declaration: I do hereby certify that the details stated above are true and that in case any Information proves to be false, my candidature will be liable to be cancelled.

Enclosed:

- a) Self addressed envelopes (10.5``x4.5``) with postage of Rs.5/-affixed on it.
- b) Attested copy of the proof of age (Date of birth)
- c) Attested copy of the Certificates/ Mark sheet of educational qualification/work experience
- d) Attested copy of the SC/ST Certificate(if any)
- e) Attested copy of the permanent residential proof(voter identity card)
- f) _____

Date : _____

Place : _____

Signature of the Candidate

Receipt of the Application Submitted:

Name of the candidate: -----

Post applied for ----- Medical Officer for GP level dispensary of

Gram Panchayat, under ----- Block of ----- District.

The candidate will have to bring this receipt of the Application Submitted and call letter of the Viva- voce with all original testimonials with him/her which will no traveling allowance will be admissible in any time.

Date: _____

Signature and seal of the Receiving officer

----- Block.