

**DISTRICT HEALTH AND FAMILY WELFARE SAMITI  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
PATPUR ROAD, POST+DISTRICT-BANKURA, 722101**

No. : 2223


Dated: 23 /05/2018

**RECRUITMENT NOTICE**

Applications are invited from eligible candidates in prescribed format for filling up the vacancies of the following **Contractual Posts** under District Health & Family Welfare Samiti, Bankura,

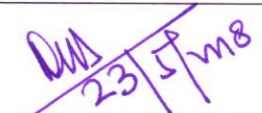
Sl. No.	Name of the Programme	Sub Sl. No.	Name of the posts	No. of vacancies							Consolidated Remuneration / Month (Rs)	
				SC	SC-EC	ST	OBC-(A)	OBC-(B)	UR	UR-EC		Total
1	NRC	i)	Nutritionist	1	-	-	-	-	1	-	2	20000

N.B: SC=Scheduled Caste, ST= Scheduled Tribe, OBC-Other Backward Class, UR-Unreserved, EC= Exempted Category.

  
Member Secretary & CMOH  
District Health & Family Welfare Samiti  
Bankura


**TERMS OF REFERENCE FOR CONTRACTUAL POSTS:**

1. (i) NUTRITIONIST (ONLY FOR FEMALE CANDIDATES)	
NAME OF THE POST	NUTRITIONIST (NRC)
Number of Post	02 [UR- 01; SC- 01]
Essential Qualifications	B.Sc or M.Sc in Food & Nutrition or equivalent course with computer Knowledge. The Candidate should be able to read, write & speak in Bengali.
Age Limit	40 Years. (Age relaxation for reserved candidates as per Govt. Norms)
Remuneration	Rs. 20000/-per Month (Consolidated)

  
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## **General Conditions:**

- i) Prescribed Application Forms & other details i.e. eligibility etc. is available by downloading from the website [www.bankura.nic.in](http://www.bankura.nic.in) or [www.wbhealth.gov.in](http://www.wbhealth.gov.in). **No other format of application will be entertained/accepted.**
- ii) **Demand Draft (DD)** : An amount of Rs. **100.00** only for UR categories and Rs. **50.00** only for reserved (SC & ST only) categories through Demand Draft (DD) issued from any Nationalized Bank in favour of “**District Health & Family Samity, Bankura, A/C construction**” payable at Service Branch, Bankura must be submitted along with the application. Name of the applicant, name of the post must be written in the back side of the **Demand Draft. Demand Draft is subject to non-refundable.**
- iii) Complete application along with self attested all testimonials in support of age, qualification, experiences, residence etc. must be submitted to **The Chief Medical Officer of Health, Bankura, Tamlibandh, Patpur Road, Post+Dist- Bankura - 722101** by **Speed Post only** so that the same must reach the CMOH Office on or before **14/06/2018 upto 4.30 p.m.** No application will be received thereafter.
- iv) The Envelop must be super-scribed as Sl.No, Sub-Sl.No. & Name of the post in **CAPITAL LETTERS.**
- v) Incomplete application in any respect is liable to be rejected. No representation against such rejection shall be entertained.
- vi) For **ELIGIBILITY CRITERIA, APPLICATION FORM** and **OTHER DETAILS** please visit [www.wbhealth.gov.in](http://www.wbhealth.gov.in) or [www.bankura.nic.in](http://www.bankura.nic.in) or Notice Board at the office of the undersigned.
- vii) In case of non availability of candidate for a particular post under concerned reserved category for a specific programme, the recruitment committee reserve the right to fill up the said vacancy from the candidate of same category and post of other programme on obtaining consent from the respective candidate.
- viii) The Recruitment Committee reserves the right to cancel candidature of any applicant or entire engagement process without assigning any reason.

  
DMS  
23/5/18  
Member Secretary & CMOH  
District Health & Family Welfare Samiti  
Bankura



**DISTRICT HEALTH AND FAMILY WELFARE SAMITI  
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PATPUR ROAD, POST+DISTRICT-BANKURA, 722101**

**APPLICATION FORM**

**FOR THE POST OF-** ..... Under.....  
Sl.No. of the post..... Sub Sl.No.....

To  
The Member Secretary & CMOH  
District Health & Family Welfare Samiti,  
Office of the CMOH  
Tamlibandh, Patpur Road,  
Bankura-722101

Paste here recent  
stamp size colour  
**PHOTOGRAPH**  
of the candidate  
duly self attested

1. Name (CAPITAL LETTER) :  
2. Father's Name :  
3. Address for Communication : C/O. (CAPITAL LETTER) :- \_\_\_\_\_  
Village/Town/Road:- \_\_\_\_\_

Post Office :- \_\_\_\_\_  
Police Station :- \_\_\_\_\_  
District :- \_\_\_\_\_  
Pin Code. :- \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

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

DD	MM	YYYY

5. Age as on Advertisement Date :

YY	MM	DD

6. Marital Status : Married ( ) Unmarried ( )

7. Sex : Male: ( ) Female: ( )

8. Category (Tick) :

GEN	SC	ST	OBC-A	OBC-B

9. Contact Number : \_\_\_\_\_

10. E-Mail ID : \_\_\_\_\_ @ \_\_\_\_\_

**11. Academic/Essential Qualification (Self attested copy must be submitted with the application):**

Sl. No.	Academic Qualification	Year of Passing	Name of the Board/Council/University	Subjects	Full Marks	Marks Obtained	Percentage (%)
(a)	Secondary						
(b)	Higher Secondary						
(c)	Graduation						
(d)	Post Graduation						

**12. Professional / Technical / Computer Knowledge:**

Sl. No.	Name of course	Name of Institute / Board / University	Year of passing	Duration of course	Subjects	Full Marks	Marks Obtained	Percentage (%) / Grade
(a)								
(b)								
(c)								

DMS  
23/5/18

