

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health and Family Welfare Samiti
Lalbagh: Cooch Behar
Tel: 228874(03582) Fax: 228966
E-mail: cmoh_cbr@wbhealth.gov.in

Memo No.: 3557

Date: 17/08/2017

RECRUITMENT NOTICE

Applications are invited for **contractual engagement** in the following post on yearly renewable contract basis to establish **District Level Administrative AYUSH set up at Cooch Behar District**. The details are given below :-

Name of the Post	Number of post	Place of Posting	Required Qualification	Age limit as on 01/08/2017
Accountant	One (Unreserved)	CMOH Office, Cooch Behar	Retired State Government employee & Computer Literate	Below 62 years
Lower Division Assistant	One (Unreserved)	CMOH Office, Cooch Behar	Retired State Government employee & Computer Literate	Below 62 years
Group- D	Two (SC + Unreserved)	CMOH Office, Cooch Behar	Retired State Government employee	Below 62 years

Important Instructions :-

- A. Candidates may apply on specific format, given below. Applicant must superscribe on envelope "Name of the Post applied for"
- B. The application must be accompanied with Self attested photocopies of all required testimonials, i.e. age proof, residential proof, caste certificate (if any), release order at the time of superannuation and relevant certificate etc. should be sent by post / courier or by hand to drop box to the following address – To, Chief Medical Officer of Health and Secretary, Dist. Health and Family Welfare Samiti, Debi Bari Road, Lalbagh, Cooch Behar – 736101.
- C. The last date for receiving the complete application is 28th August 2017 up to 5:30 PM. No application will be entertained after last date for the receipt of application.
- D. Walk- in-Interview will be held on 31st August 2017 at 11:00 am at the chamber of undersigned.
- E. Candidates applying more than one position should send separate application.
- F. Details information and format of application is available at www.coochbehar.gov.in
- G. The candidature of the applicant shall be cancelled at any stage of recruitment if the supportive certificate and information given in application is found false. District Health and Family Welfare Samiti reserves the right to cancel the recruitment process at any stage without assigning any reason thereof.


**Chief Medical Officer of Health and Secretary,
District Health and Family Welfare Samiti,
Cooch Behar**

APPLICATION FORMAT

Self attested
Photograph

Application for the post of

1. Name (in Capital Letters) :

2. Father Name /Husband's Name :

3. Address :

P.O.-

PIN-

4. Date of Birth :

5. Age (as on 01.08.2017) :

6. Caste :

7. Nationality :

8. Mobile No :

9. Qualification (Self attested photocopy of certificate must be submitted with the application) :

Sl. No.	Name & Designation at the time of superannuation	Date of superannuation	Details of pay & emoluments last drawn	Pension drawn

10. Technical Qualification (Self Attested photocopy of certificates must be submitted with the application) :-

i)

ii)

iii)

11. Experience (Attested photocopy of experience certificates must be submitted with the application) :-

(i)

DECLARATION:-I do hereby declare that all the information given above is correct and complete in all respect. I understand that my application is liable to rejection if any of the information stated above is found to be incorrect and is not supported by certificate.

Place:

Date:

Signature of Applicant