



GOVERNMENT OF WEST BENGAL
Office of the Chief Medical Officer of Health
Lal Bag, Cooch-Bihar.

No. _____

Date:- _____

Walk-in interview of retired Facility Manager (erstwhile Ward Master) on reemployment for following Hospitals in the district of Cooch-Bihar will be held on 12/03/2020 at 16 O'clock in the chamber of the Chief Medical Officer of Health, Cooch-Bihar for smooth functioning of the institutions as per order no HF/O/HS/1786/HFW-43011(18)/3/2019 dated the 16/12/2019 of Commissioner to the Health and Family Welfare Department, Government of West-Bengal.

1. SDH, Dinhata, Cooch-Bihar – 01 (one) post.
2. SDH, Mathabhanga, Cooch-Bihar - 01 (one) post.
3. SDH, Mekhliganj, Cooch-Bihar - 01 (one) post.
4. SDH, Tufanganj, Cooch-Bihar - 01 (one) post.

This post will be engaged for a period of six months or till fresh recruitment of the Facility Manager whichever is earlier at a consolidated pay of Rs. 14,000.00 (fourteen thousand) only

The age of re-employed Facility Manager should not exceed 65 years in the date of joining in service in terms of FD order no. 6093-F(P) dated the 25/11/2016.

Selection Criteria:

1. He/ she must be physically and mentally fit.
2. He/ she must be good record of performance during service period.
3. The less will be age, the more will be chance of selection for the re-employment.

Documents required:

1. Application form (as enclosed with the notice).
2. Self attested copy of all marks sheet.
3. Self attested copy of age proof.
4. A certificate from the authority where he/ she has served last.
5. Two passport size self attested colour photograph
6. Self attested photocopy of record of superannuation.
7. Fitness certificate from Medical Officer having MBBS degree (with registration no).

The selection committee reserves all rights to accept or reject any or all application without assigning any reason whatsoever.

sdh
Chief Medical Officer of Health
Cooch-Bihar

Dated the 03/03/2020

Memo No. 916/1/20

Copy forwarded for information and with the request to display the matter in your notice board to:-

1. CA to Sabhadhipati, Cooch-Bihar Zela Parisad.
2. CA to District Magistrate, Cooch-Bihar.
3. The ADM (Gen), Cooch-Bihar.
4. The Swasthya Karmadkshya, Cooch-Bihar Zela Parisad.
5. The OC Health, Cooch-Bihar.
- 6-12. The Dy. CMOH-I/II/III/DTO/DLO, Cooch-Bihar.
13. The District Information and Cultural Affairs Officer, Cooch-Bihar.
14. The Accounts Officer, CMOH Office, Cooch-Bihar.
- 15-18. The Superintendent, MJN Hospital, SDH, Dinhata/ Mathabhanga/ Mekhliganj/ Tufanganj.
19. **DIO NIC, DM Office, Cooch-Bihar- with the request to publish this notice along with form in NIC web page.**
20. Notice Board of the office.

sdh
Chief Medical Officer of Health
Cooch-Bihar

To,
The Chief Medical Officer of Health,
Lal Bag, Debibari Road,
Cooch-Bihar.

Attached passport
size photo duly self
attested

Application for the post of Facility Manager (erstwhile Ward Master) for _____
_____ (name of the Hospital).

01.	Name (in CAPITAL letter)	:	
02.	Father's/ Husband's Name (CAPITAL letter)	:	
03.	Gender (Male/ Female/ Other)	:	
04.	Date of Birth	:	
05.	Present Address with PIN number	:	
06.	Contract Number	:	
07.	Caste (UR/SC/ST/OBC-A/B) self attested copy to be enclosed.	:	
08.	Academic Qualification (self attested certificate to be enclosed)	:	
09.	Date of Superannuation and Name of the Hospital/ Health Institution from where retired. (certificate to be enclosed)	:	Date of superannuation _____ Name of Hospital/ Health Institute _____ _____
10.	Certificate/ documents require	:	1. Self attested copy of all marks sheet. 2. Self attested copy of age proof. 3. A certificate from the authority where he/ she has served last. 4. Two passport size self attested colour photograph 5. Self attested photocopy of record of superannuation. 6. Fitness certificate from Medical Officer having MBBS degree (with registration no).

Declaration: I hereby declare that I have carefully read the terms and conditions mentioned in the notice. All terms and conditions as laid down in the notice are acceptable to me and details mentioned in the application form are true and best of my knowledge and belief. I shall produce all the original documents I submitted with the application whenever required. If any information found to be incorrect or false at any stage even after appointment, my service may be terminated.

Date _____
Place _____

(Signature of the candidate)