

Government of West Bengal
Office of the Medical Superintendent cum vice Principal
Cooch Behar Government Medical College & Hospital
MJN Hospital, Silver Jubilee Road, Cooch Behar – 736101

No. /MSVP/CGMCH/2020

Dated

NOTICE

Walk-in-interview of retired Facility Manager (erstwhile Ward Master) on reemployment for following hospitals in district of Cooch Behar will be held on 16.03.2020 at 11.00am in the chamber of the Medical Superintendent cum vice Principal Cooch Behar Government Medical College & Hospital, Cooch Behar for smooth functioning of the institution as per order no-HF/O/HS/1786/HFW-43011(18)/3/2019 dated Kolkata the 16th December, 2019 of Commissioner to the H&FW deptt. Government of West Bengal.

1. Cooch Behar Government Medical College & Hospital, Cooch Behar-02(Two) Post.

This post will be engaged for a period of 6(Six) months or till fresh recruitment of the Facility Manager whichever is earlier at a consolidated pay of Rs-14,000/- (Fourteen thousand) only.

The age of re-employed facility manager should not exceed 65 years in the date of joining in services 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 number)

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




Medical Superintendent cum vice Principal
Cooch Behar Government Medical College & Hospital
Cooch Behar

Memo No. 472 /1(8)/MSVP/CGMCH/2020

Dated 06/03/2020

Copy forwarded for information and take necessary action please to :-

1. The CA to Sabhadhipati, Cooch Behar Zilla Parisad.
2. The CA to District Magistrate, Cooch Behar.
3. The Principal, Cooch Behar Government Medical College & Hospital, Cooch Behar.
4. The District Information and Cultural Officer, Cooch Behar.
5. The Accounts Officer of this Office.
6. The DIO, NIC, D.M office, Cooch Behar with the request to publish this notice along with form in NIC web page.
7. Notice Board of this office.
8. Office copy.


Medical Superintendent cum vice Principal
Cooch Behar Government Medical College & Hospital
Cooch Behar

Attached
passport size
photo duly self
attested

To
The Medical Superintendent cum vice Principal
Cooch Behar Government Medical College & Hospital
Cooch Behar

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 (in capital letter)	:	
03	Gender (Male/Female/Other)	:	
04	Date of birth	:	
05	Present address with pin no	:	
06	contact no	:	
07	Caste (UR/SC/ST/OBC-A/B) self attested copy to be enclosed	:	
08	Academic qualification (self attested certificated to be enclosed)	:	
09	Date of superannuation & 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 number)

Declaration: I hereby declare that I have carefully read the terms & conditions mentioned in the notice. All terms & 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