

Government of West Bengal, Department of Health & Family Welfare,
Office of the Chief Medical Officer of Health, Dakshin Dinajpur
 Zilla Swasthya Bhawan, Balurghat, Pin: 733101, Tel & Fax: (03522)256379,
 E mail: cmoh_dd@wbhealth.gov.in; cmohdd@gmail.com

Recruitment Notice No.: DTO/DD/(Rec.)/325

Date: 17/07/2017

District Health & Family Welfare Samiti (RNTCP), Dakshin Dinajpur is going to organize a 'Walk-in-Interview' on **26th July, 2017** at the **CMOH Office, Nelson Mandela Sarani, Balurghat, Dakshin Dinajpur, Pin: 733101**, for recruitment of 2 (Two) nos. Senior Tuberculosis Laboratory Supervisor (STLS) post (SC-1, UR-1) and 2 (Two) nos. of Laboratory Technician (LT) post (SC-1, UR-1) under Revised National Tuberculosis Control Programme (RNTCP), Dakshin Dinajpur, on purely contractual basis. Candidates should preferably be the resident of Dakshin Dinajpur District.

Interested candidates should have **at least 50% marks in all requisite qualification** [i.e. Secondary (minimum 50%), HS (minimum 50%), Graduation (minimum 50%) and Post Graduation (minimum 50%)]; otherwise application will automatically be treated as cancelled. Marks should be calculated without additional marks. The interested candidates should bring all of their original testimonials i.e. mark sheets, certificates (including age proof), cast certificate (wherever applicable), permanent driving license (wherever applicable) [no learner license of driving will be accepted], experience certificate etc. along with self attested photocopies of each of the documents, a demand draft of Rs. 100.00 for unreserved categories and Rs. 50.00 for reserved categories in favour of "**District Health & Family Welfare Samiti (RNTCP), Dakshin Dinajpur**", payable at Balurghat and the filled-up bio-data (which is enclosed with the advertisement notice) for submission before the selection committee on the date of walk-in-interview.

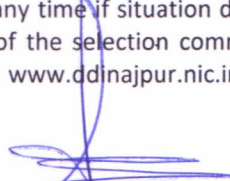
| Name of the Post | Essential Qualifications/ Requirements | Preferential Qualification | No. of Post & Category | Consolidated Remuneration (Rs.) | Age Limit |
|---|---|--|--------------------------|---------------------------------|-------------------------------------|
| Senior Tuberculosis Laboratory Supervisor (STLS) | 1) Graduate 2) Diploma in Medical Laboratory Technology or equivalent from a Govt. recognized institution 3) Permanent two wheeler driving license & should be able to drive two wheeler 4) Certificate course in computer operations (minimum two months) | Minimum one year experience in RNTCP | 2 (Two), [SC-1, UR-1] | 17,720/- | 22 years to 40 years as on 01/01/17 |
| Laboratory Technician (LT) | 1) Intermediate (10+2) 2) Diploma or certified course in Medical Laboratory Technology or equivalent. | 1) One year experience in RNTCP or Sputum smear microscopy 2) Candidates with Higher qualification (for example Graduates) shall be preferred | 2 (Two), [SC-1, UR-1] | 17,220/- | 22 years to 62 years as on 01/01/17 |

Schedule of Reporting:

| Name of the Post | Time of Reporting |
|---|--|
| Senior Tuberculosis Laboratory Supervisor (STLS) | From 10AM to 11AM On 26th July, 2017 |
| Laboratory Technician (LT) | (No Candidates will be allowed to attend the 'Walk-in-Interview' after 11AM) |

Department reserved the right for the cancellation of the present notification at any time if situation demands. The incomplete application will be cancelled outright. In case of controversies, the decision of the selection committee will be treated as final. Applicants are requested to visit www.wbhealth.gov.in/recruitment & www.ddinajpur.nic.in/recruitment regularly for further details.


C.M.O.H. & Member Secretary
Dakshin Dinajpur


D.M. & Exe. Vice Chairperson
Dakshin Dinajpur

Contd.....

APPLICATION FORMAT FOR THE POST OF _____

To,
The Chief Medical Officer of Health & Member Secretary,
District Health & Family Welfare Samity, Dakshin Dinajpur.

Affix one color
recent passport
size photo here

Sir,

I, _____, like to apply myself as a candidate for the post of _____ as per Recruitment Notice No. _____ given in the website & according to the terms of reference.

MY BIO-DATA GIVEN AS BELOW:

| SL.NO. | PARTICULARS | | INFORMATION | | | | |
|---------|--|------------------|--------------------------|-------------------|--------------|--------------------|-------------------|
| 1. | Name of the Candidate (in block letters) | | | | | | |
| 2. | Father's/Husband's Name (in block letters) | | | | | | |
| 3. | Full address with Pin code | | | | | | |
| | Phone No. | | | | | | |
| 4. | Whether belongs to SC/ ST/ Others | | | | | | |
| 5. | Date of Birth (DD/MM/YYYY) | | | | | | |
| 5. a) | Age as on 01/01/2017 (write years months & days) | | | | | | |
| 6. | Academic qualification achieved | | | | | | |
| Sl. No. | Exam(s) Passed | Board/University | Without Additional Marks | | | Year of passing | Major Subjects |
| | | | Full Marks | Marks Obtained | % of Marks | | |
| i) | | | | | | | |
| ii) | | | | | | | |
| iii) | | | | | | | |
| iv) | | | | | | | |
| 7. | Duration of course completed in computer | | | | | | |
| 8. | Driving License No. (wherever applicable) | | | | | | |
| 9. | Duration of Experience in TB / other health related activities | | | | | | |
| 10. | Demand Draft No. | | Date | | Amount (Rs.) | | |

Contd.....

I am enclosing the following supporting documents (Self attested photocopy):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

- DECLARATION -

I, _____, do hereby solemnly declaring that the above informations given by me are correct to the best of my knowledge and belief. I know that any information given above by me, if found incorrect at any time, my candidature will be cancelled immediately.

Date:

Place:

Full Signature of the Candidates