

# DISTRICT HEALTH & FAMILY WELFARE SAMITI PURBA MEDINIPUR DISTRICT

Registration No. – S/IL/10904 of 2002 – 2003

Tamluk, Purba Medinipur, PIN – 721636

Memo No. CMOH/Pbmd/ *DPM2/1040*

Date – 08.02.2024

## RECRUITMENT NOTICE

WALK – IN – INTERVIEW for engagement of Driver (On contractual) will be held on 23<sup>rd</sup> February, 2024 from 12.00 Noon to 03.00 PM at the Office of the CMOH, Purba Medinipur.

Sl. No.	Programme Head	Name of post / Designation	No. of post	Job responsibility	Age as on 01.01.2024	Essential Criteria	Desirable criteria	Place of posting	Remuneration	Mode of selection
01	NACP	Driver	1	Driving and upkeep of mobile ICTC Van	40 years or bellow will be preferred but there will be no mark counting for age.	10 <sup>th</sup> Pass and holding a valid driving licence 2 years of driving LMV	Community candidates from HIV infected and affected as well as key communities.	Mobile ICTC Van at District Head Quarter	@Rs.11,264.00 per month (Rs.414.00 per day x maximum 26 days + Rs.500.00 monthly car washing charge) [P. tax to be deducted above Rs.10,000.00]	Walk in Interview (MP – 10, Driving Experience – 10, Interview – 10)

Date of Interview & Reporting Time: 23<sup>rd</sup> February, 2024 from 12.00 Noon to 03.00 PM.

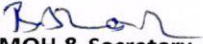
Venue of Interview : Office of the Chief Medical Officer of Health, Tamluk, Purba Medinipur (Opposite to Tamralipto Municipality), Pin – 721636

\* Interested candidates are requested to visit the official website of [www.purbamedinipur.gov.in](http://www.purbamedinipur.gov.in) / [www.wbhealth.gov.in](http://www.wbhealth.gov.in) to download the Application Format and General Information.

## **GENERAL INFORMATION FOR THE APPLICANTS / CANDIDATES ARE AS FOLLOWS:**

1. The Essential Qualifications mentioned are the minimum and mere possession of the same does not entitle the candidate to claim selection. Testimonials for all essential qualifications must be produced in originals on the date of interview.
2. The eligible candidates may appear before interview Board along with application copy (FORMAT annexed herewith on A4 size plain paper) and a copy of necessary supportive documents:
  - i) One Self Attested Photograph pasted on proper place of application format.
  - ii) The Originals & photocopies of each of the following documents stated below must be brought at the time of Interview.
    - Age proof of certificate (Madhyamik or equivalent examination certificate)
    - Mark sheet & Certificate of Madhyamik standard.
    - Driving license
    - Experience certificate, if any.
    - Caste certificate, if any.
    - Proof of Community candidates from HIV infected and affected as well as key communities, if any
    - Photo Proof Identity Card (Passport or Voter ID)
    - Proof of Address (Passport or Voter ID or Aadhaar ID)
3. All marks must be calculated excluding marks of Additional Subject, No rounding off of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
4. Application forms not properly filled in or incomplete Application forms are liable to be cancelled. If the application details submitted by the applicant differ with the original testimonials, that application shall be liable to be cancelled.
5. The decision of the competent authority regarding the engagement will be final.
6. The CMOH reserves the right to change / modify any / all of the above conditions.
7. No TA/DA will be paid to the candidates for the selection test/interview.

*Candidates must Note: - The above mentioned posts are purely daily basis with initial period up to 31.03.2024 (Likely to be extended on satisfactory performance & approval of Govt.).*

  
CMOH & Secretary  
District Health & Family Welfare Samiti  
Purba Medinipur



# APPLICATION FORMAT

To,  
The CMOH & Secretary,  
District Health & Family Welfare Samiti,  
Purba Medinipur

Paste recent  
photo here

## APPLICATION FOR THE POST OF DRIVER

Sir,  
In response to your advertisement notice no. \_\_\_\_\_ Date \_\_\_\_\_

for the post of Driver, I prefer myself as a candidate. Details of my BIO-DATA is stated below:

1. Name in full (IN CAPITAL LETTERS) :
2. Father's / Guardian's Name :
3. Date of Birth (DD/MM/YYYY) :
4. Age as on 01.01.2024 :
5. Sex :
6. Caste / Category of W.B (Put Tick Mark) : GEN  SC  ST  OBC-A  OBC-B  PH
7. Address (as mentioned in EPIC/ADHAAR) :
8. Mobile Number :
9. e-Mail ID :
10. Qualification Details :

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage
01	Madhyamik / Equivalent					

11. Experience Details :

Sl. No.	Name of employer	Nature of employment		Date of joining	Date of resignation	Total year of Experience
		Govt.	Private			
01						
02						
03						

### Declaration

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically. I shall also be liable to punished as per law.

Place:

Date:

\_\_\_\_\_  
Signature of Applicant