Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat

Memo No. DH&IWS/NRHM/2013/614

Dated: 02.08.2013

ADVERTISEMENT NOTIFICATION

Sub: Engagement of Accounts Personnel

Applications are hereby invited for the post of ‘Accounts Personnel’ from the eligible candidates on purely contractual basis under RCH-II & NRHM in the prescribed application format (Annexure-I) in pursuance of the Order No. H/479(18)/CFW/2008, Dated: 12th August, 2008 issued by the Commissioner (FW) & Special Secretary, Deptt. Health & Family Welfare, Govt. of West Bengal and approval given by the District Health & Family Welfare Samiti, North 24 Parganas in the existing vacant position as mentioned below:

Vacancy Status of Accounts Personnel:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Post</th>
<th>No. of vacancy</th>
<th>Reservation Status</th>
<th>Place of posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Accounts Personnel</td>
<td>1</td>
<td>SC</td>
<td>Dr. J.R. Dhar Sub-Divisional Hospital, Bongaon</td>
</tr>
</tbody>
</table>

Education Qualification and other criteria for Accounts Personnel:

- Minimum Bachelor degree in Commerce from any reputed and recognized University with advanced knowledge of computer-specially in MS Word, Excel, Power Point and accounting software e.g. Tally
- Upper age limit to be 35 year as on the date of advertisement
- Technical knowledge working skill in LAN
- The posts are purely contractual in nature with initial appointment of 1 year renewable for further period depending upon the performance of the candidate. The selection will be done on the basis on marks and interview. Only short-listed candidates will be called for the interview.
- The post will carry a consolidated remuneration of Rs. 16,860/- (Rupees Sixteen Thousand Eight Hundred Sixty) only per month
- The candidate should compulsorily resident of the same district for which he/she applying
- That the engagement does not entitle them any claim for regular appointment to Government service.
- That no pension, gratuity, or other death –cum- retirement benefits will be admissible
- That the contract may be terminated on one month’s notice from either side
- The E.I. & C.I. and other benefits will be admissible as per norms of NRHM
- Last date for submission of the application is 20th August 2013. Application should be reached through registered post only within the stipulated time positively. No application will be considered after 20th August 2013.

Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas
APPLICATION FOR THE POST OF ACCOUNTS PERSONNEL

To
The Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas

1. Name: _______________________
2. Father’s Name: _______________________
3. Address: _______________________
4. Date of Birth: _______________________
5. Sex: _______________________
7. Mobile: _______________________
8. Qualification (attested copy of the mark-sheets and certificates must be submitted with the application)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Education Qualification</th>
<th>Board / University</th>
<th>Year of passing</th>
<th>Total marks</th>
<th>Marks obtained</th>
<th>Percentage of Marks (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Higher Secondary</td>
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<tr>
<td>3</td>
<td>Graduation</td>
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</tr>
</tbody>
</table>

1. Computer Knowledge: ________________________ (attested copy of the computer certificates must be submitted with the application)

2. Experience (if any) ________________________ (attested copy of the computer certificates must be submitted with the application)

DECLARATION

I do hereby declare that all the information furnished by me in the above application is true to the best of my knowledge and belief and in case, it is found to be incorrect at a latter stage, I shall be bound to accept any penal measures deemed appropriate by the authority.

Place: _______________________
Date: _______________________
Signature of the candidate
Copy forwarded for information and with the request to publish the notice in the respective Official Website through the IT Cell:

1. The Executive Director, WBH&FWS, Deptt. Health & Family Welfare, Govt. of West Bengal
2. The DIO-NIC, North 24 Parganas
3. The Accounts Officer, Office of the CMOH, North 24 Parganas
4. The Manager-HR, WBH&FWS, Deptt. Health & Family Welfare, Govt. of West Bengal for information and necessary action please
5. The DPC/ DAM-NRHM, DPMU, Office of the CMOH, North 24 Parganas
6. Guard file

[Signature]
Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas