Memo No.: RNTCP/2018/310

Recruitment Notification

Applicants are hereby sought from the eligible candidates for selection of the following category of purely contractual posts of RNTCP (Revised National Tuberculosis Control Programme) under Department of Health & Family Welfare, North 24 Parganas. All the eligible and interested candidates are being requested to submit their applications as per prescribed format (Annexure-I) given in postpage in accordance with the eligibility criteria noted below:-

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>No. of Vacancies</th>
<th>Reservation Status</th>
<th>Monthly consolidated Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Technician</td>
<td>2</td>
<td>UR-1, ST-1</td>
<td>Rs.17,220/-</td>
</tr>
</tbody>
</table>

Eligibility Criteria:

Age limit: 22 Years to 62 Years

<table>
<thead>
<tr>
<th>Category/Job title</th>
<th>Essential Qualification/Requirements</th>
<th>Preferential Qualification</th>
</tr>
</thead>
</table>
| RNTCP Lab Technician/Sputum Microscopist | 1. Intermediate (10+2) and 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. |

Member, Secretary  
District Level Selection Committee, DH&FW, &  
Chief Medical Officer of Health, North 24 Parganas

Chief Medical Officer of Health  
North 24 Parganas
General Instruction/s for the candidates

➢ Application should reach Office of the Chief Medical Officer of Health, Banamalipore, Barasat, North 24 Parganas, Kolkata-700124 within 17th July, 2018 by 5:00 P.M. through registered post or speed post only and duly mentioned “post applied for” in front of the envelope. No application will be considered after stipulated date and time.

➢ Candidate must submit the Application Fee of Rs.100/- (Rs.50/-in case of reserved category) for the above mentioned posts, through cash deposit in any branch of Bank Of India in favour of “District Health & Family Welfare Samiti”, A/c number-424210100036711, IFSC Code- BKID0004242, Barasat Branch.

➢ Original Copy of Deposit or any other transaction slip of application fee must be attached along with the application.

➢ The DH&FWS, North 24 Parganas will not be responsible for any postal delay.

➢ Application must as per prescribed format (Annexure-I)

➢ Age relaxation to be applied, for candidates under reserved categories as per Govt. norms.

➢ Candidates should be Computer literate.

➢ Incomplete application without supporting documents is liable to be rejected.

➢ District Level Selection Committee has right to cancel this recruitment notification in any stage of selection in such circumstances.

Member Secretary,
District Level Selection Committee, DH&FW, &
Chief Medical Officer of Health, North 24 Parganas

27/6/18

Page 2 of 2

Chief Medical Officer of Health
North 24 Parganas
ANNEXURE-I
Application format for all posts

To
The Chief Medical Officer of Health
Banamalipur,(District Hospital Campus)
Barasat,North 24 Parganas
Kolkata-700124

Sub: Application for the post of

1. Name in full (in BLOCK LETTER):

2. Sex (Put a tick) : Male Female

3. Father's/Husband's/Guardian's Name:


5. Date of Birth : DD MM YYYY

6. Age (as on Date of Advertisement):

7. Nationality:

8. Address
   Permanent Address

   Village/City/Town:
   Post Office:
   Police Station:
   District:
   State:
   Pin Code:
   Phone number:
   E mail ID:

APPLICATION NO.
(For OFFICE USE ONLY)

Space for pasting recent colour passport size PHOTOGRAPH of the candidate with his/her full signature thereon.
9. Essential Qualifications

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year of Passing</th>
<th>University/Board/Institute</th>
<th>Total Marks</th>
<th>Marks Obtained</th>
<th>Percentage of Marks Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Graduation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree/Diploma/Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>course of Computer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Details of Post Qualification experiences:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Govt./Private/NGOs</th>
<th>Period</th>
<th>Total Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From (date)</td>
<td>To (date)</td>
</tr>
</tbody>
</table>

11. List of relevant self-attested photocopies-documents enclosed (No other except mentioned below is required) [Put 'TICK' mark in the box]:

<table>
<thead>
<tr>
<th>SL NO</th>
<th>Documents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diploma in Medical Laboratory Technology, if applicable, Course in Medical Laboratory Technology or equivalent, if applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Age Proof certificate (Admit Card of Madhyamik or equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Voter ID Card/ Aadhar card as Identity Proof</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Caste Certificate (For SC/ST/OBC only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mark sheets &amp; Certificates of all educational qualifications and any technical qualifications, as per eligibility criteria (i.e. Madhyamik or equivalent/H.S. or Equivalent/Graduation/Post Graduation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Certificates of Computer knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Post Qualification Experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DECLARATION**

I solemnly declare that (a) all statements made in this application are true, and correct to the best of my knowledge, (b) Original Documents will be produced on demand, (c) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences as desired by the competent authority.

Place:..........................  
Date:..........................

Signature of the candidate in full

Chief Medical Officer of Health  
North 24 Parganas
Medical Certificate in case of appointment of candidates under
West Bengal State Health & Family Welfare Samiti

Name of the candidate in full (in block letters): 
Height (without shoe) : Cm.
Weight : Kg.

I hereby certify that I have examined Sri/Smt. .......................... a
candidate for employment in the West Bengal State Health & Family Welfare Samiti, and can't
discover that Sri/Smt. .......................... has any disease,
(communicable or otherwise) constitutional weakness or bodily infirmity,
except..............................................
I do not consider this a disqualification for employment in the office of State Samiti.
Sri/Smt. ..........................’s age is, according to his own statement ........................... Years,
and by appearance about ........................... years.

a. General Development : Good/Fair/Average/Poor
b. Vision :
   i. Uncorrected/Naked eye :
   ii. Corrected :
   iii. Nature and degree :
c. Teeth :
d. Hearing :
e. Blood pressure :
f. Lung :
g. Heart :
h. Liver :
i. Spleen :
j. Hernia (present or absent) :
k. Hydrocele(s) (present or absent) :
l. Urine  i. Specific Gravity ii. Albumin iii. Sugar
m. Identification marks :
n. The Candidate is

May 1, 2019
Dated:

Signature of the Medical Practitioner

Name:

Degree:

Rogr. No.: [Seal]

Signature of Candidate

Attested