

**Government of West Bengal**  
**Office of the Chief Medical Officer of Health**  
**5 D. L. Roy Road, Krishnanagar, Nadia**

**Telephone: (03472) 252306 Email ID: cmoh\_nad@wbhealth.gov.in/ cmohnadia@gmail.com**

**Memo No.CMOH-Nad/ 7694**

**Dated. Krishnanagar the 1<sup>st</sup> September 2017**

**Corrigendum Recruitment Notice**

**In a partial modification of this office earlier notice no. CMOH-Nad/5948, dated 12/07/2017, the following modification has been done in recruitment essential qualification for the post of Block Accounts Manager. All other information's and terms & condition will remain same. The candidates applied earlier for the post need not to apply further.**

Applications are invited from the eligible candidates on purely contractual engagement basis as follow. The application with relevant documents must reach this office to **the Chief Medical Officer of Health, Nadia & Secretary, District Health & Family Welfare Samity, 5, D. L. Roy Road, PO- Krishnanagar, District- Nadia, Pin- 741101** as per prescribed format only along with the following self attested documents in a envelope mentioning **"Application for the Post of \_\_\_\_\_"** before 5 pm on 13/09/2017 by Registered Post/Speed Post/Courier only. Authority will not be liable for any postal delay.

Panel for all posts will be valid for next one year from the date of finalization of panel.

**General instructions for application of all posts**

- 1) The contract, if engaged, will be valid upto 31.03.18 and may be renewed further based on satisfactory performance.
- 2) Birth Certificate/Admit Card or Certificate of Madhyamik or equivalent examination mentioning date of Birth.
- 3) Caste Certificate issued from the concerned authority (In Case of SC/ST/OBC A/OBC B).
- 4) Compulsory Mark sheet & Certificates of Secondary, Higher Secondary, Graduation, Post Graduation & Technical knowledge from the appropriate authority.
- 5) Experience Certificate clearly mentioning days, months & years of Experience as on 01.06.2017 in relevant post only.
- 6) Demand Draft of Rs.100/- (Rupees One Hundred only) for General Category & Rs.50/- (Rupees Fifty only) for SC, ST, OBC & other reserved categories in favour of **the Secretary, District Health & Family Welfare Samity Nadia, payable at Krishnanagar, Nadia**. Use of stapler pin or stitching in case of demand draft will not be allowed.
- 7) Photocopy of all supportive documents should be clearly visible & self attested.
- 8) Age relaxation for reserved candidates will be applicable as per Government norms. **Calculation of age should be as on 01/06/2017.**
- 9) Envelop should be superscripted with "Application for the post of ....."
- 10) One envelop must not contain more than one application.
- 11) No TA & DA will be admissible for attending recruitment process.
- 12) Application received after due date & time will not be considered.
- 13) All communication will be available only at [www.swasthyakathanadia.org](http://www.swasthyakathanadia.org) and/or [www.nadia.nic.in](http://www.nadia.nic.in) and/or [www.wbhealth.gov.in](http://www.wbhealth.gov.in) time to time.
- 14) Candidates not full filling the above mentioned criteria may be liable to cancellation of their candidature.

  
**CMOH & Secretary**  
**DH & FWS, Nadia**

*S. Saha*

**Details of Posts**

**1. Name of the Post**

Number of vacancy

Essential Qualification

Technical knowledge

Upper age limit

Remuneration

**: Block Account Manager**

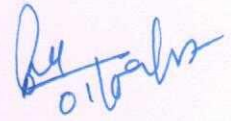
: 01 (SC)

:Minimum bachelor degree ( in Commerce from any recognized / reputed university with advance knowledge of Computer – specially in MS=Word, excel, power point, internet browsing & accounting software e.g. Tally.

:Working skill in LAN environment.

: 40 years

: Rs. 16,860/- (Monthly Consolidated)



CMOH & Secretary  
DH & FWS, Nadia

G. Saha

**APPLICATION FORMAT**

Paste one  
recent colour  
photograph

**Application for the Post of “ .....**

**Application against Advertisement No..... Date.....**

1. Name of the Applicant :
2. Guardian's Name :
3. Permanent Address : Vill :  
: Post :  
: P.S. :  
: Dist. :  
: Pin :
4. Date of Birth : .....(Year) .....(Month) .....(Day)
5. Upper age limit as on : .....(Year) .....(Month) .....(Day)
6. Sex : Male / Female
7. Caste Status : General / SC / ST / OBC-A / OBC-B
8. Mobile Number :
9. Email ID :
10. Qualification :

Sl. No.	Educational Qualification	Year of Passing	Total Marks	Marks Obtained	Additional Marks	% of Marks
A	Secondary					
B	Higher Secondary					
C	Graduation (BA/B. Sc/B. Com/BCA)					
D	Post-Graduation					
E	MBBS/Dental/ AYUSH/ Nursing					
<b>Technical Qualification</b>						
F	Computer Degree / Diploma					
G	Diploma in Medical Laboratory Technician (DMLT)/ BLMT					
H	Other if any					

11. Draft Number : Issuing Bank Name:  
Draft Amount : Date of Issue:
- 12 Year of Experience: (No. of Years) In Govt. / PSU & Pvt. :
- 13 Having Driving License (Yes/No) Date of Issue :  
License No : Type of License :

**NB: Serial No. 1 to 12 are mandatory, & fill up only in Capital Letter**

**Declaration:**

I do hereby declare that particulars furnished above are correct to the best of my knowledge. I must produce all relevant documents (Original or Photocopies attested by the self attestation only), whenever needed by the Authority. In case, in any time, if any of the above information / particulars are found to be incorrect, my candidature will be liable to cancel by the Authority and I shall be penalized for such action.

Attachment (Please✓)

01. Birth Certificate/Admit Card or Certificate.
02. Caste Certificate.
03. Certificate of Exempted Category.
04. Certificate of Disability.
05. Mark sheet & Certificates of Secondary.
06. Mark sheet & Certificates of Higher Secondary
07. Mark sheet & Certificates of Graduation
08. Mark sheet & Certificates of Post Graduation
09. Mark sheet & Certificates of Technical knowledge
10. Mark sheet & Certificates of MBBS
11. Experience Certificate.
12. Demand Draft.
13. Driving Licence.

Date :  
Place :

\_\_\_\_\_  
**Signature of Candidate**