

Government of West Bengal
Office of the Chief Medical Officer of Health
Purulia

Memo No: 759

Date: 27/08/19

Application in prescribed format is hereby invited from the retired State Govt. employees aged below **62 years** as on **01.06.2019** for engagement in 01(One) post of LDA for Dist Level AYUSH Set up under CMOH,Purulia on purely contractual basis. Applicant must be Computer Literate.

Last Date of submission of application to the Office of the undersigned at Zilla Swasthya Bhavan,Ranchi Road,Purulia-723101 on **16.09.2019** upto 5PM by Registered post/Speed post/Courier only.

 27/08/19
Chief Medical Officer of Health
Purulia

APPLICATION FORMAT

To
The Secretary
District Health & Family welfare Samity &
Chief Medical Officer of Health,
Purulia

Application Number:-

Space use for office use only

Sub – Application for the post of _____

Space for pasting
recent passport size
colour photograph of
the candidate with
his/her full signature
thereon

1. Name in Full (in BLOCK Letter) - _____
2. Sex (Put a tick) :- Male Female
3. Father's / Mother's Name :- _____
4. Date of Birth :- _____ / _____ / _____ (DD/MM/YYYY)
5. Age (as on date of Advertisement) :- _____
6. Date of Superannuation. _____
7. Designation at the time of Superannuation. _____
8. Nationality :- _____
9. Address communication _____
10. Permanent Address :- _____
11. Contact Number – Landline (With STD Code) _____ / Mobile _____
12. Experience :-
 - a. _____
 - b. _____
 - c. _____
13. Whether Medical Fitness Certificate attached :- Yes / No
14. Whether any Departmental Proceedings drawn against
If yes, whether any penalty imposed Yes / No

Declaration:

I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on demand. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Enclouser :

- 1) Copy of PPO
- 2) Character Certificate from a Gazetted officer

Place _____

Date _____

Signature of the Candidate in Full