

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Purba Bardhaman

Memo No.:1022/DH&FWS/II-3/C

Dated Purba Bardhaman, the 5th December, 2025

DH&FWS and Office of the CMOH, Purba Bardhaman is inviting applications for engagement (on contractual basis) of **part time Specialist Medical Officer** for the approved Polyclinic in Kalna. Katwa and Bardhaman Municipalities of Purba Bardhaman District under Fifteenth Finance Commission (XV-FC).

Sl. No.	Name of the Post	No. of Post	Remuneration for part time Specialist MO	Upper Age Limit	Essential criteria
1	Specialist (Medicine)	5	Rs. 3,000/- per day (at least 3 hours per day) for thrice a week.	67 Years as on 01/01/25	i) MBBS from an MCI recognised institute. ii) PG degree/DNB/Diploma in respective specialization iii) Must be registered under WBMC.
2	Specialist (Paediatrics)	5			
3	Specialist (G & O)	5			
4	Specialist (Ophthalmologist)	5	Rs. 3,000/- per day (at least 3 hours per day) for twice a week.		


All the posts are purely on Contractual Basis for a period up to 31st March'2026, which may be extended on the basis of performance & subject to continuation of the Fifteenth Finance Commission.

The information provide in the specified pre-filled proforma must be supported by corroborative documents including their residential proofs, voter I Card, Aadhar Card, Age proof, marksheets of MBBS and PG degree/DNB/Diploma in respective specialization, experience certificate etc.

No benefits / claims for any qualification / experience shall be admitted unless the same are supported by authenticated documentary evidence. Candidates will be selected from merit list prepared according to marks obtained for educational qualification and experience as per vacancy.

A print copy of Screen shot of their registration no. in the website of WB Medical Council must be submitted along with WBMC registration certificate and chance certificate.

An application fee of Rs. 100/-(Rs.50/- for reserved categories) will be deposited to the Bank through NEFT in favor of DISTRICT HEALTH AND FAMILY WELFARE SAMITY (NON-NHM) Bank A/C No-0187132000008, IFSC- CNRB0000187. Bank deposit copy (with UTR no.) or print copy of Screen shot for online payments will have to be attached with application form.



05.12.25

**LAST DATE OF SUBMISSION OF APPLICATION THROUGH SPEED
POST/REGISTERED POST/COURIER/BY HAND IS ON 22.12.2025 upto 5 pm**

Correspondence Address:-

Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity, 1st Floor
Khosbagan, Shyamsayer East
Near Harisabha Hindu Girls School
Purba Bardhaman
Pin – 713101, West Bengal

A panel will be prepared for posting in future vacancy if any within next one year.



05.12.25
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Memo No.:-1022/2(50)/DH&FWS/II-3/C

Dated Purba Bardhaman, the 5th December, 2025

Copy forwarded for information to the:-

1. The Mission Director, NHM, Swasthya Bhavan, Kolkata
2. The Executive Director, WBSHFWS
3. The Director of Health Services, Govt of West Bengal, Swasthya Bhavan, Kolkata
4. The District Magistrate, Purba Bardhaman
5. The AMD (NHM) Swasthya Bhavan, Kolkata
6. The Chairman of Katwa & Burdwan Municipality
7. The Chairman, IMA, Purba Bardhaman
8. The Addl District Magistrate(Health), Purba Bardhaman
9. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO, Purba Bardhaman
10. The ACMOH all, Purba Bardhaman
11. The BMOHs, All BPHC, Purba Bardhaman
12. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
13. The HR Cell, Purba Bardhaman


05.12.25
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

**Bio-Data form for the post of part time Specialist Medical Officer (contractual)
for the approved Polyclinic in ULB (Municipality) under XV-FC-2023-24.**

(To be filled in by the candidate in BLOCK LETTER)

Self attested
Passport
size
photograph

1. Name of the Candidate:
2. Father's/Guardian's Name:
3. Date of birth:/...../.....(DD/MM/YYYY)
4. Sex (Male/Female):
5. Caste & Categories: General/SC/ST/OBC-A/OBC-B/PH
6. Registration Number:.....
7. Name of the Medical Council :..... (Registration certificate along with screenshot of registration no. in the website of WB Medical Council must be submitted)
8. Address:
Address for communication:
.....
.....
Village/Town:.....
P.O.:
P.S.:
PIN:
District:
9. Mobile Number:.....10. E-Mail id:.....
10. Residential Block/Municipality/M C:
11. Academic Qualification (Self attested copy of marksheet must be submitted with the application):

Examination	Board/University	Year of Passing	Marks obtained	Out of Total Marks	% of Marks	Chances taken to pass
1st MBBS						
2 nd MBBS						
3 rd MBBS						
PG degree						
DNB						
Diploma						

11. Year of experience in Health Sector only (must have appointment letter and experience certificate):

Sl. No.	Name of the organization	Designation	Type of work	Year of experience (upto 22/12/25)

.....
Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement of the post of Part time Specialist Medical Officer under XV-FC is liable to be cancelled without any further information to me.

Date & Place:-

Signature of the Applicant.