## DISTRICT HEALTH & FAMILY WELFARE SOCIETY OFFICE OF THE CHIEF MEDICAL OFFICER BISHALGARH; SEPAHIJALA TRIPURA

No.F.1.(419)/DHFWS/CMO/SPJ/IFV/2018-19 /6773-78

Dated :- 02/09/2019

## NOTICE FOR RECRUITMENT

District Health & Family Welfare Society, Sepahijala Tripura, is going to fill up the of "Immunization Field Volunteer" on "No Work No Pay Basis" on contractual basis. Details regarding the said post are given below:-

SL No.	Name of the post	Total vacancy	Eligible criteria	Honorarium	
1	Immunization Field Volunteer	01(One)	<ol> <li>Graduate in any discipline from Govt. Recognized University.</li> <li>6 (Six) months Diploma / Certificate in Computer Application from recognized Institution.</li> <li>Owing Motor Cycle with valid Driving License &amp; Insurance</li> <li>Permanent resident of Sepahijala District.</li> <li>Age limit: - Less than 36 years as on 31st October, 2017.</li> </ol>	Four) days per month on no work no pay basis (Rs. 12,000/- per month).  2. Mobility Support Rs. 150/- (Rupees One Hundred & Fifty) only per day for 24 (Twenty Four) days per month no work no pay basis (Rs. 3,600/- per month).	

## INSTRUCTION:-

- 2. Name of the short listed eligible candidates will be published in the official website of NHM (http/tripuranrhm.gov.in) on due course of time for appearing in the written Competency Assessment Test (CAT).
- 3. Date, Time, Venue, Total marks & other relevant details of CAT will be published in the official website of NHM (http/tripuranrhm.gov.in) on due course of time for appearing in to the CAT.
- For selection of the candidate will be done based on the merit list of the candidate which will be solely
  evaluated as per score of written Competency Assessment Test (CAT) i.e 100 % on CAT.
- The number of post may increase or whole process may be cancelled at any time before or after the interview.
- 6. No TA / DA will be given for appearing in to the written Competency Assessment Test and Interview. Notice of the recruitment may also be downloaded from the official website of NHM (http/tripuranrhm.gov.in).

Executive Secretary
Chief Medical Officer, Sepahijala Tripura
District Health & Family Welfare Society
Bishalgarh, Sepahijala Tripura

## Copy to :-

- 1. P.S. to the Secretary, Health & Family Welfare department, Government of Tripura, for kind information to the Principal Secretary please.
- 2. The Mission Director, NHM Tripura palace compound, Agartala, for kimnd information please.
- 3. The District Magistrate & Collector, Sepahijala Tripura, for kind information please.
- 4. The Mission Director, NHM, Tripura, Palace compound, Agartala, Tripura for kind information please.
- 5. The Director of Family welfare & PM, Govt. of Tripura Gurkhabasti, Agartala, Tripura for kind information please.

6. The Member Secretary, State Health & Family Welfare Society, Tripura, Agartala for kind information with a request to publish in the portal of NHM, Tripura.

Executive Secretary
(Chief Medical Officer)

District Health & Family Welfare Society, SPJ O/o the Chief Medical Officer, Sepahijala, Bishalgarh, Tripura (Spj)

Dated: .09.2019

To

The Executive Secretary
District Health & Family Welfare Society
O/o the Chief Medical Officer, Sepahijala
Bishalgarh, Sepahijala District

Affix recent passport size color photograph with full signature

- 1. Name of the Post (in block letters):
- 2. Name of the candidate: (In block letter)
- 3. Father's/ Husband's name:
- 4. Nationality (attached Permanent Resident Certificate/ Citizenship Certificate/ Voter ID):
- 5. Permanent address with pin code (attached address proof certificate)
- 6. Postal address for communication with Pin code:
- 7. Contact no & e-mail ID (if any):
- 8. Date of Birth(DD/MM/YYYY):
- 9. Sex(Male/Female):
- 10. Caste (if belongs to SC/ST attach certificate):
- 11. Educational qualification:-

Sl. No.	Name of Examination	Board/ Institution	Year of passing	Percentage of marks obtained
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- 12. Technical Qualification (if any attach supporting document):
- 13. Registration Number (if any, attached supporting document):
- 14. Experience (if any attach supporting document):

<u>Declaration</u>: I do hereby declare that, all the information given above is true to the best of my knowledge and if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified or removed from the service contract after selection/joining.

(Signature of the candidate)

Date:

Place:

2/9/19.