



# INSTITUTE OF HEALTH & FAMILY WELFARE

(Department of Health and Family Welfare, Government of West Bengal)  
29, GN BLOCK, SECTOR – V, BIDHAN NAGAR, KOLKATA – 700 091.  
Phone No. : 2357 4531, Tele Fax No. : 2357 8870,  
e-mail: [ihfwkolkata@gmail.com](mailto:ihfwkolkata@gmail.com) / Website : [www.ihfwkolkata.org](http://www.ihfwkolkata.org)

## EMPLOYMENT NOTICE

Institute of Health & Family Welfare invites applications in the prescribed Application Form for filling up of 2 (two) posts of Consultant (Medical) under its RCH/NRHM Programme on contractual basis as detailed below :-

Sl. No.	Name of the post	Qualification	Experience	No. of post	Emoluments	Age Limit			
1.	Consultant (Medical)	MBBS with MD/DNB in PSM/CHA/MPH from recognized Medical Institute	Experience in Monitoring Public Health Programme will be given weightage	2 (two)	<table border="1"><tr><td>Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience</td></tr><tr><td>Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience</td></tr><tr><td>Retired Govt. Servant engaged as Consultant – as per norms of DOPT</td></tr></table>	Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience	Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience	Retired Govt. Servant engaged as Consultant – as per norms of DOPT	50 years
Rs. 30,000.00- Rs. 40,000.00 per month (consolidated) upto 3 years' experience									
Rs. 40,000.00- Rs. 55,000.00 Per month (consolidated) more than 3 years' experience									
Retired Govt. Servant engaged as Consultant – as per norms of DOPT									

The Application Form may be downloaded from the Website of Institute of Health & Family Welfare ([www.ihfwkolkata.org](http://www.ihfwkolkata.org))

Details may be had from the office of IHFW, Kolkata at GN, 29, Sector-V, Bidhannagar, Swasthya Bhawan Campus, Kolkata – 700 091.

Last date of receipt of application is 19.05.2015 (4 p.m.)

  
Director, I H F W

# APPLICATION FORM

Application Form for Consultant (Medical) for its NRHM / RCH Programme on contractual basis for the Institute of Health & Family Welfare, Kolkata.

1. Name (Capital Letters) :-
2. Educational Qualification :-
3. Registration number and name of the Medical Council :-
4. Postal Address :-
5. Telephone Number of Residence & Office :-
6. Mobile Number :-
7. Fax No. :-
8. E-mail Address :-
9. Present designation and name of the organization to which attached :-

10. Academic Records :-

Name of Diploma / Degree	University / Board	% of Marks obtained	Chances taken to pass	Academic, Distinction, Honours, Medals, Certificate	Year of Passing

