

## **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, 2357-7645 Tele Fax No.: 2357-8870.

E-mail: <u>ihfwkolkata@gmail.com</u> Website: <u>www.ihfwkolkata.org</u>

## **EMPLOYMENT NOTICE**

Institute of Health & Family Welfare invites applications in the prescribed Application Form for filling up of 1 (one) post of Consultant (Finance) under its NHM / RCH-II Programme on contractual basis as detailed below:

Sl.	Name of	Qualification	Experience	No.	<b>Emoluments</b>	Age
No.	the post	d d	,	of	81	Limit
				Post		
1.	Consultant	MBA	Minimum 3 years	1	Rs.30,000.00-	60
	(Finance)	(Finance)	experience in a	(one)	Rs. 40,000.00	years
			Government		per month	
			Organization in Finance	- C-	(consolidated)	
		9	Management of major			
	8	×	Programme / Project			
			,			
	e:					
			, *		14	

The Application Form may be downloaded from the Website of Institute of Health & Family Welfare (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 **05.10.2015** (4 p.m.).

Director,

Institute of Health & Family Welfare.

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## **APPLICATION FORM**

Application Form for Consultant (Finance) for its NHM/RCH –II programme on contractual basis for the Institute of Health & Family Welfare, Kolkata

- 1. Name (Write in capital letters)
- 2. Educational qualification
- 3. Postal Address
- 4. Telephone Number: Residence

Office

- 5. Mobile Number
- 6. Fax No.
- 7. E-mail Address
- 8. Present designation and name of the organization to which attached
- 9. Academic records:

Name of	University	% of marks	Academic	Year of
Degree/Diploma	/Board	obtained	Distinction,	passing
			Honours,	7
	°		Medals,	
			Certificate	

## 10. Experience

Sl.No.	Capacity in which served	From	То
·	3	,	1
		×	

