



INSTITUTE OF HEALTH & FAMILY WELFARE

(under the Department of Health & Family Welfare, GoWB)

29 GN Block, Sector-V, Bidhannagar, Kolkata-700 091

EMPLOYMENT NOTICE

Institute of Health & Family Welfare invites applications in the prescribed Application form for filling up of the posts of 1 (one) Consultant (Medical) and 1 (one) Consultant (Management) under its RCH/NRHM programme on contractual basis as detailed below:

Sl.No.	Name of the post	Qualifications	Experience	No.of Post	Emolumnets	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	1(one)	Rs.30000.00 – Rs.40000.00 per month (consolidated) upto 3 years' experience. Rs.40000.00 – Rs.55000.00 per month (consolidated) more than 3 years' experience. Retired Govt. Servant engaged as Consultant –as per norms of D.O.P.T.	50 years
2	Consultant (Management)	Master's Degree in Personnel Management/ Health / Hospital Management / MBA in HR from a reputed recognized training Institute	Administrative experience for 3 years in a reputed Institute/organization	1(one)	30000.00 - 40000.00 per month (consolidated) Retired Govt. Servant engaged as Consultant –as per norms of D.O.P.T.	50 years

The application form may be downloaded from the website of Institute of Health & Family (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 **11.07.2014 (4 PM)**.


DIRECTOR

IHFV,KOLKATA

APPLICATION FORM

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

1. Name:(Write in capital letters)
2. Educational qualification
3. Registration number and name of the Medical Council
4. Postal address
5. Telephone Number 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