



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. : 4062 3009, Tele Fax No. : 2357 8870,
e-mail : ihfwkolkata@gmail.com / Website : www.ihfwkolkata.org

NOTICE

No. : IHFW/14/2010 Pt./ 290

Date : 04 .06.2019.

Applications are invited for filling up of the post of i) Assistant (Office) – 1 (one) ii) Cashier-Cum-Office Assistant – 1 (one) iii) Attendant-Cum-Gr. D – 2 (Two) in Institute of Health & Family Welfare, Kolkata. The applicant should be retired State Govt. employee/retired State Govt. undertaking employee within 64 years of age as on 01.06.2018.

Eligibility Criteria :-

(A) For the post of Assistant (Office)

Essential :- i) Graduate in any discipline from any recognized University.
ii) Experience in file works / corresponding matters.

Desirable :- i) Knowledge in Computer.

(B) For the post of Cashier-Cum-Office Assistant

Essential :- He/She should have knowledge in handling Cash, maintenance of Cash Book, Ledger Accounts and Bank Transactions.

(C) For the post of Attendant-Cum-Group 'D'

Essential :- Capability of performing arduous nature of duties

A resume containing particulars as per enclosed format should reach office of the Director, IHFW, 29, GN Block, Sector – V, Bidhannagar, Kolkata – 700 091 by **24.06.2019.**

Encl. :- Application Format.



DIRECTOR, IHFW

Application Format for the post of

i) Assistant (Office) – 1 (one)

ii) Cashier-Cum-Office Assistant – 1 (one)

iii) Attendant-Cum-Gr. D – 2 (Two)

(Please specify by tick mark as applied for the post)

To
The Director
Institute of Health & Family Welfare
29, G. N. Block, Sector – V
Bidhan Nagar, Kolkata – 700 91.

1. Name of the Applicant :-
(In block letter)
2. Father's Name :-
3. Qualification :-
4. Date of Birth :-
5. Address :-
6. Contact No. /
e-mail address (if any) :-
7. Office / Organisation :-
(Last employed)
8. Designation :-
(Last employed)
9. Date of retirement :-
10. Experiences :-
(in details)

Date :

Signature of Applicant

NB :- Attested Photocopies regarding proof of age, qualifications and experience to be submitted alongwith the application addressed to the Director of the Institute.