



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/Appointment/46/2021/1233

Date : 5.02.2021.

Applications are invited for filling up of the post of i) Assistant (Office) – 1 (one) ii) Assistant (Accounts) – 1 (one) in the 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 01.01.2021. Those who had applied for the post of Asstt. (Office) in pursuance to this Notice No. IHFW/14/2010 Pt./290 dt. 04.06.2019, need not apply afresh.

Eligibility Criteria :-

(A) For the post of Assistant (Accounts)

Essential :-

- i) Graduate from any recognized University.
- ii) Accounting knowledge of preparation of Trial Balance / Balance Sheet, Bank Reconciliation Statement, preparation of Budget and Annual Financial Statement etc.
- iii) Capable of preparing Pay bills and handling of Tax related matters.

Desirable :- i) Knowledge in Computer.

(B) For the post of Assistant (Office)

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

A resume containing particulars as per enclosed format should reach office of the Director, IHFW, 29, GN Block, Sector – V, Bidhannagar, Kolkata – 700 091 within 15 days from the date of issue of this Notice.

Encl. :- Application Format.



DIRECTOR, IHFW

APPLICATION FORMAT for the post of

(i) Assistant (Office) – 1 (one)

(ii) Assistant (Accounts) – 1 (One)

*(Please specify by tick mark as applied for the post.
Separate application for each post)*

Passport
Size
Photograph

To
The Director
Institute of Health & Family Welfare
29, G. N. Block, Sector – V
Bidhan Nagar, Kolkata – 700 091.

1. Name of the Applicant :-
(In Block Letters)
2. Father's Name :-
3. Present Address :-
4. Permanent Address :-
5. Contact No. :-
6. Date of Birth :-
7. Qualification :-
8. Designation :-
(Last employed)
9. Office / Deptt. :-
(Last employed)
10. Date of retirement from service:-
11. Last pay drawn on the date of :-
retirement, in details

Date :-

Signature of Applicant

NB :- Self-attested Photocopies regarding proof of age, qualifications, experience and last pay drawn with two copies of Passport size photograph (one copy to be pasted on the application and the other copy to be enclosed) to be submitted alongwith the application addressed to the Director of the Institute.