

District Health & Family Welfare Society  
Office of the Chief Medical Officer  
West Tripura, Agartala

No F.1- 464/DHFWS/CMO (W)/Recruitment/HR/2016/SUB

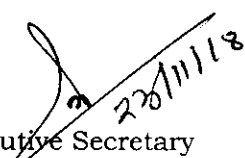
Dated /11/2018

**NOTICE FOR RECRUITMENT**

District Health & Family Welfare Society , West Tripura district is going to fill up the following post under National Health Mission (NHM) on **“No work no pay basis”** on contractual basis for 11 (eleven) months. Details of the post given below:

SL. NO	NAME OF THE POST	NO. OF POST	CATEGORY OF POST	REMUNERATION	ELIGIBILITY
1	Immunization Field Volunteer (IFV)	01 (One)	UR	<p>A. Rs.500/- (Rupees Five hundred) per day for 24 (twenty four) days/month (Rs. 12,000/- per month)</p> <p>B. Mobility support Rs.150/-(One hundred &amp; fifty) per day for 24 (twenty four) days/month (Rs. 3,600/- per month)</p> <p>C. Total remuneration not exceeding @Rs. 15600/-(Rupees fifteen thousand six hundred) per month.</p>	<p>A. Graduate in any discipline from Govt. recognized University.</p> <p>B. 6 (Six) months diploma/certificate in Computer Application from recognized institution.</p> <p>C. Owing motor cycle with valid driving licence &amp; insurance.</p> <p>D. Permanent resident of West Tripura District.</p> <p>E. Age limit: Less than 36(thirty six years as on 31<sup>st</sup> October,2017)</p>

- Interested Candidate are hereby requested to submit their Bio-data as per prescribed format along with self attested copies of the necessary relevant documents in hard copies with 3 (three) copies of recent passport size photo from 26<sup>th</sup> November,2018 to 4<sup>th</sup> December,2018 (excluding Govt. Holiday) during office hour, in the O/o the Chief Medical Officer, West Tripura District. No application will be received after 5.30 p.m. of 4<sup>th</sup> December 2018. Authority is not liable for any postal delay.
- Name of short listed eligible candidates will be published in the Website of NHM Tripura (<http://tripuranrh.gov.in>) on due time for appearing in the Written Competency Assessment Test. The date, time, venue & other details of Written Competency Assessment Test will be published in NHM Tripura website (<http://tripuranrh.gov.in>).
- The number of post may increase or whole process may be cancelled at any time before or after interview.
- No TA/DA will be given for appearing in the Competency Assessment Test.
- The notice of recruitment may also be downloaded from the Website of NHM Tripura (<http://tripuranrh.gov.in>).

  
 Executive Secretary  
 District Health & Family Welfare Society  
 Chief Medical Officer, West Tripura, Agartala

Cont'd to next page.....

## BIO-DATA FORMAT

No F.1- 464/DHFWS/CMO (W)/Recruitment/HR/2016/SUB

Dated /11/2018

To  
The Executive Secretary  
District Health & Family Welfare Society  
O/o the Chief Medical Officer, West  
Agartala, West Tripura

Affix a recent passport size coloured photograph with full Signature on it.  
(Don't staple paste it)

1. Name of the Post Applied for (IN BLOCK LETTER):
2. Name of the Candidate (IN BLOCK LETTER):
3. Fathers/ Husband Name:
4. Permanent address with pin code:  
(Attach address proof PRTC)
5. Postal address with pin code:  
(for communication)
6. Date of Birth  
(attach proof Madhyamik Admit Card / Birth Certificate):
7. Nationality:  
(attach proof-PRTC/EPIC/Citizenship certificate)
8. Sex (Male/Female):
9. Whether ST / SC / UR:  
(If belongs to ST / SC community attach certificate)
10. Contact Number & E-mail ID: (If any)
11. Educational Qualification: (attach Photocopy of all relevant Mark sheet and pass certificate)

SL No	Name of Examination	Name of Recognized Board/University/Institution	Year of Passing	Percentage of marks obtained

12. Technical Qualification (If any, attach supporting documents):
13. Valid Driving License Number (attach proof- Driving License):
14. Experience (If any, attach supporting documents)

### DECLARATION BY THE CANDIDATE

I, Sri/ Smt \_\_\_\_\_

Son/Daughter/Wife of \_\_\_\_\_ hereby

declare that , all the information given above is true to the best of my knowledge, if any of above information is found to be incorrect at any stage, i shall be liable to be disqualified and removed from the service after Selection / joining.

Date:-  
Place:-

(Full Signature of the Candidate)