

NOTICE FOR RECRUITMENT

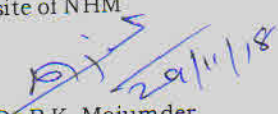
29/11/2018

District Health & Family Welfare Society, Khowai Tripura is going to filled up 1(One) no. of Immunization Field Volunteers (IFV) under National Health Mission on contractual basis (**No work no pay basis**) for 11(eleven) months.

Sl. No.	Name of Post	Total Post	Category wise breakup			Honorarium (per month)	Eligibility criteria
			UR	SC	ST		
1	Immunization Field Volunteer (IFV)	1(One)	1	-	-	1. Honorarium Rs.500/- per day for 24(twenty four days i.e. Rs. 12000/-per month 2. Mobility Support Rs.150/- per day for 24(twenty four days) i.e. Rs.3600/- per month 3. Total remuneration not exceeding Rs.15600/- (Rupees Fifteen Thousand Six Hundred) per month	1. Graduate in any discipline from Govt. Recognized University 2. 6(six) months Diploma / Certificate in Computer Application from recognized Institution. 3. Owning motor cycle with valid Driving License & Insurance. 4. Permanent Resident of Khowai District, Tripura. 5. Age Limit: Less than 36 as on 31 st Oct. 2017

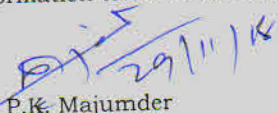
- Interested candidates are hereby requested to submit their Bio-data as per prescribed formal along with self attested copies of all the necessary relevant documents in hard copies with 3 (Three) copies of recent passport size coloured Photograph **from 30/11/2018 to 10/12/2018 (Excluding Govt. Holidays)** during the office hours, in the Receive Section O/o the Chief Medical Officer, Khowai, Tripura. **No application will be received after 5:30 p.m of 10/12/2018. Authority will not liable for any postal delay**
- Name of the short listed eligible candidate will be published in the official website of NHM (<http://www.tripuranrhm.gov.in>) on due course of time for appearing in the Written Examination.
- Date , Time Venue, Total marks & marks distribution of question paper and other relevant details of Written Examination will be published in the official website of NHM (<http://tripuranrhm.gov.in>) on due course of time for appearing in to the Written Examination.
- The Number of post may increase or whole process may be cancelled at any time before or after the interview.
- No TA/DA will be given for appearing in to the Written examination. Notice of the recruitment may also be downloaded from the official website of NHM (<http://www.tripuranrhm.gov.in>).

Enclose:Bio-data format


 Dr P.K. Majumder
 Executive Secretary
 Chief Medical Officer, Khowai
 District Health & Family Welfare Society
 Khowai Tripura.

Copy to:

- PS to The District Magistrate & Collector, Khowai Tripura for kind information to the DM & Collector, Khowai.
- PS to The Mission Director, NHM, Govt. of Tripura, for kind information to the MD, NHM.
- The Website Section SHFWS for uploading in the website


 Dr P.K. Majumder
 Executive Secretary
 Chief Medical Officer, Khowai
 District Health & Family Welfare Society
 Khowai Tripura.

BIO-DATA FORMAT

No.F.4(4) / CMO / KHW / DHFWS/NRHM/IMMN/2013

Date:17/11/2018

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

Affix a recent passport
size coloured
photograph with full
Signature on it.
(Do not
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))
- s) 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 SC/ST 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)Registration Number (If any, attach supporting documents)

14)Experience (If any, attach supporting documents)

DECLARATION BY THE CANDIDATE

I, Sri/Smt/Dr.....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)