



GOVERNMENT OF WEST BENGAL
OFFICE OF THE PROJECT OFFICER-CUM-DISTRICT
WELFARE OFFICER, B.C.W. PASCHIM MEDINIPUR
Collectorate Compound, Midnapore, 721101

bcwpasmid@gmail.com
Phone & Fax No - 03222-275327

Memo No: - 853 /BCW/Mid(W).

Dated... 07.06.2018

To
The D.I.C.O.
Paschim Medinipur
Zilla Parishad Complex
Paschim Medinipur

Please arrange to publish the following matter in one widely published two (2) daily newspaper in regarding selection of Addl. Inspector BCW in this district.

Matter

Application are invited from retired Inspector, BCW / Extension Officer / Head Clerk / (having last Grade Pay Rs. 3900/- of above drawn) who are willing to perform the duty at Block / Sub-Division Level as Additional Inspector, BCW on Contractual Basis for one year @ Rs. 12000/- P.M. The upper age limit of the applicant should not exceed 64 years as on 31-07-2018. Application alongwith necessary documents should be submitted to the Office of the P.O Cum D.W.O. BCW, Paschim Medinipur / e-mail :bcwpasmid@gmail.com within 30-06-2018. For detail information please contact 03222-275327

Sd/-
PO Cum DWO, BCW
Paschim Medinipur

Memo No: - 853/1(27) /BCW/Mid(W).
Copy forwarded for information to the

1. Sub-Divisional Officer, Ghatal / Midnapore Sadar/ Jhargram / Kharagpur, with a request for wide publicity
2. Block Development Officer(All) with a request for wide publicity
3. D.I.O., NIC Paschim Medinipur with a request to publish in the district web site.
4. C.A. to District Magistrate, Paschim Medinipur
5. C.A. to Addl. District Magistrate(Panchayat), Paschim Medinipur

7/6/18
P.O. Cum D.W.O.
B.C.W, PASCHIM MEDINIPUR
Dated... 07.06.2018

7/6/18
P.O. Cum D.W.O.
B.C.W, PASCHIM MEDINIPUR
7/6/18

APPLICATION FOR CONTRACTUAL RECRUITMENT

To
The P.O.Cum.D.W.O.
B.C.W. Paschim Medinipur.

Sub :- Prayer for Contractual recruitment for the post of Additional Inspector BCW

Sir,

My Bio-Data is furnished below for your kind consideration for Contractual Appointment on the post of:-

1. Name (In Block Letters)
2. Father's Name
3. a) Permanent Address
- (As per P.P.O.)
- b) Present Address
4. Contact No.
5. a) Date of Birth
- b) Age as on 31-07-2018
6. a) Date of Superannuation
- b) Designation at the time of Superannuation
7. Experience :-
Mention office name with period last attended

I)
- ii)
8. Educational Qualification :-.....
.....
9. Whether medical fitness certificate attached : Yes/No
10. Whether any Department Proceedings
Drawn against, if yes, whether any penalty imposed Yes/No

I do hereby declare that the above information as submitted by me are true to the best of my knowledge and belief.

Enclosure :

1. Copy of P.P.O.
2. Character Certificate (if available)
3. Certificate of Educational Qualification.

Yours faithfully

(Signature of the applicant)

Date :-/...../2016.