



GOVERNMENT OF WEST BENGAL

OFFICE OF THE

MIDNAPORE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

P.O.: MIDNAPORE, DIST.: PASCHIM MEDINIPUR, PIN: 721101

E-mail: [mhmch1945@gmail.com](mailto:mhmch1945@gmail.com) Website: [www.mhmch.org](http://www.mhmch.org) Phone: (03222) 275311

Memo no./MHMC&H/192/2019-20

Date: 09/08/2019

## Notice

In pursuance with the Govt. order no. 247/HF/AYUSH/Samity-24/2019 dated 01.07.2019 read with no.267 /HF/AYUSH/Samity-24/2019 dated 08/07/2019 and no. 287 /HF/AYUSH/Samity-24/2019 dated 19/07/2019. The principal cum Superintendent of **Midnapore Homoeopathic Medical College & Hospital**, P.O.: Midnapore, Dist.: Paschim Medinipur, PIN: 721101, intends to engage 01 (One) Yoga Instructor @ ₹ 25,000/- per month and 01 (One) Yoga Assistant @ ₹ 10,000/- per month purely on contractual basis through an Walk-in-interview to be held on 20<sup>th</sup> August 2019 at 1 pm onwards, in the Principal/ Superintendent's Office for "AYUSH Wellness Centre"

1.

Name of Post	Yoga Instructor
No. of post	01 (One)
Qualification & Experience	Graduate in any discipline and 1(One) year Post Graduate Diploma in Yoga/ Yoga Education/ Yoga Therapy from UGC recognised university/ 1(One) year Yoga and Naturopathy trainee course under West Bengal Council of Yoga and Naturopathy and registered under said Council and professional experience of three years from any reputed institute/ organization.
Desirable	Working knowledge of computer operating systems.
Emoluments (per month)	₹ 25,000/- (Rupees twenty five thousand only) per month (Consolidated)
Period of Engagement	Initially for a period of one year.
Venue, date and time of interview	The Principal/ Superintendent's Office; 20 <sup>th</sup> August 2019 at 1pm.
Reporting time	10:30 am- 11:30am
Place of posting	<b>Midnapore Homoeopathic Medical College &amp; Hospital</b> , P.O.: Midnapore, Dist.: Paschim Medinipur, Pin: 721101

2.

Name of Post	Yoga Assistant
No. of Post	01 (One)
Qualification & Experience	Under graduate and passed in 1(One) year yoga and naturopathy trainee course under west Bengal council of yoga and naturopathy and registered under said council
Desirable	Working knowledge of computer operating systems.
Emoluments (per month)	₹ 10,000/- (Rupees ten thousand only) per month (Consolidated)
Period of Engagement	Initially for a period of one year.
Venue, date and time of interview	The Principal/ Superintendent's Office, 20 <sup>th</sup> August 2019 at 2:00 pm.
Reporting time	11:30 am-12:30 am.
Place of posting	<b>Midnapore Homoeopathic Medical College &amp; Hospital,</b> P.O.: Midnapore, Dist.: Paschim Medinipur, Pin: 721101,

**General instructions:**

1. The eligibility of the candidates will be determined as on the date of interview.
2. The candidates who fulfill the eligibility requirements may attend the interview with an application detailing all applicable qualification, experiences, skills and achievements along with Two copies passport sized photograph and relevant original documents and two sets of self attested photocopies of certificates of qualification, experience, mark sheet, birth certificates, passport size photographs, caste certificates etc.
3. Applicants appearing with incomplete documents will not be entertained for the interview.
4. The competent authority reserves all the right to change/postpone/cancel the recruitment exercise at any stage.
5. In case large number of candidates reporting for interview the competent authority reserves the right to shortlist candidates by adopting appropriate criteria.
6. The selected candidates shall have no claim for appointment on regular basis by virtue of their being engaged on contractual basis.
7. Interested candidates may also in their own interest ensure that they fulfill the eligibility conditions. Ineligible candidates will not be allowed to appear for interview. Verification of documents/ certificates will be done before the interview.
8. Candidates are requested to follow institute's website- [www.mhmch.org](http://www.mhmch.org).
9. No TA/DA will be admissible for attending test/ interview.
10. Canvassing in any form or on behalf of a candidate will be a disqualification.

  
(Dr. Srimanta Saha)

**Principal In-Charge &  
Administrator  
Midnapore Homoeopathic  
Medical College & Hospital**  
*Principal-in-Charge  
Midnapore Homoeopathic Medical  
College and Hospital*

dt 9/8/19

Copy forwarded for information & necessary action:-

1. Additional Secretary & D.G. (AYUSH) & Executive Director WB AYUSH Samity, Dept. of Health & Family Welfare, Swasthya Bhavan, Kol-91
2. Joint Secretary (AYUSH), Dept. of Health & Family Welfare, Swasthya Bhavan, Kol-91
3. Director of Homoeopathy, Dept. of Health & Family Welfare, Swasthya Bhavan, Kol-91
4. Pay and Accounts Officer, Pay and Accounts Office.
5. DDO, MHMCH, Midnapore PIN: 721101
6. IT cell, Dept. of Health & Family Welfare, Swasthya Bhavan, Kol-91
7. Director of Information, Dept. of Information & Culture Affairs, Govt. of WB, Nabanna, Howrah- 711102, with the request to publish an abridged version of this notice inviting in three newspaper in English, Bengali and Hindi language respectively.
8. Institute's website: [www.mhmch.org](http://www.mhmch.org) for publication
9. Notice board, MHMCH, Midnapore PIN: 721101
10. Office copy/ Guard file.

(Dr. Srimanta Saha)

**Principal In-Charge &  
Administrator  
Midnapore Homoeopathic  
Medical College & Hospital**

*Principal-in-Charge*  
**Midnapore Homoeopathic Medical  
College and Hospital**

**ANEXURE-1**

**APPLICATION FORMAT FOR THE POST OF YOGA INSTRUCTOR / YOGA ASSISTANT**

1. Name of The Applicant In Full (Block Letters):
2. Father's / Husband's Name:
3. Religion and Caste (Attach Copy Of Caste Certificate):
4. Date of Birth:
5. Age on Date of Interview:
6. Address (In Block Letters With Pin Code):
7. Contact Number:
8. E-Mail. ID:
9. Educational Qualification (Attach Self-Attested Copies of Documents)

Affix attested  
passport size  
photograph

Qualification	Year of Passing	Awarding Authority	% of Mark Secured

10. Experience (Attach Self-Attested Copies of Relevant Document)

Experience	Period (In Years)	Duration: From- To	Name of Institute	Area and Subject

11. Particular of Registration (Attach Document)

Registration No:	Date	Authority

12. Publications if any (Attach Document)

13. Other Relevant Information if any

14. List of Enclosures:

I declare that all information furnished by me as above are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information being found false or incorrect, my candidature may be summarily rejected or employment terminated.

Signature of the applicant