

## THE KOLKATA CITY NUHM SOCIETY 5, S.N. BANERJEE ROAD, KOLKATA – 700 013



Kolkata City NUHM Society will engage the following personnel as mentioned below for its Urban Primary Health Canters in Kolkata City area purely on contractual basis through walk-in-interview

## Advertisement No. - 08/Kolkata City NUHM Society / 2019-20

- A) Name of the Post: Medical Officer (Full-time):Number of Post: 28 [S.C-10, S.T-02, O.B.C-A-7, O.B.C-B-07, Unreserved (Person with Disabilities) 2.]
  Consolidated Remuneration: Rs 40, 000/- (Forty thousand) per month.
- B) Name of the Post: Medical Officer (Part-time):-Number of Post: 26(twenty six) Consolidated Remuneration: Rs24, 000/- (Twenty four thousand) per month.

#### **Essential Qualification:-**

MBBS from a MCI recognized Institute with 1 year compulsory Internship.

Age Limit: Upto 66 years as on 1st January, 2020.

Date of Interview/Reporting Time: 09.01.2020/11.30 am.

#### Venue of Interview:-

Room No. 254,2<sup>nd</sup> Floor, PMU, Kolkata City NUHM Society, 5,S.N.Banerjee Road, Kolkata-700013

<u>Interested candidates are requested to visit the official website of KMC –www.kmcgov.in</u> to download Application format and General information

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Secretary - Kolkata City NUHM Society

Secretary
Kolkata City NUHM Society

## The General Information for the Applicants / Candidates are as follows:

- 1. Application forms not properly filled in or incomplete Application forms are liable to be cancelled.
- 2. The Essential Qualifications mentioned are the minimum and mere possession of the same dose not entitles the candidate to claim selection. All the essential qualifications must be completed on the date of submission of application.
- 3. The originals photocopies of each of the following documents stated below must be brought at the time of Interview and enclosed the photocopies of documents with the application.
  - Photo proof Identity card (Passport or Voter Id)
  - Proof of Address (Passport or Voter Id)
  - Age Proof of Certificate (Madhyamik or equivalent examination certificate)
  - Certificate of MBBS and Registration.
  - Caste certificate.
- 4. The decision of the competent authority regarding the engagement will be final.
- 5. The Kolkata City NUHM Society reserves the right to change/modify any/all of the above conditions

Secretary - Kolkata City NUHM Society

Secretary
Kolkata City NUHM Society

## Kolkata City NUHM Society 5, S.N. Banerjee Road Kolkata – 13

# Photo Attach Signature

### Application Format for the post of Full time / Part time.

- 1. Name in full (Block Letters):
- 2. Guardian's Name:
- 3. a) Date of Birth according to Madhyamik: Or equivalent examination certificate:
  - b) Age as on 01.01.2020:
- 4. Are you physically handicapped?
- 5. Caste:
- 6. Postal Address (in Capital Letters) to which Communication should be sent (mentioning PO, Sub-Division, District, Pin Code)
- 7. Contact No.
- 8. Email Id:
- 9. Permanent address (in capital letters):
- 10. a) Whether citizen of India, write Yes or No:
  - b) Whether a natural citizen of India or citizen by registration
- 11. Educational/Qualifications

| Name of the | Name of the      | Full Marks | Marks    | % of  | Division/ | Year of |
|-------------|------------------|------------|----------|-------|-----------|---------|
| Exam        | Board/University |            | Obtained | Marks | Grade     | Passing |
|             |                  | 2          | · s      |       | s         |         |
|             |                  | 20         |          |       |           |         |

12. Professional / Other Qualifications or Specialization:

| Name of the | Name of the Board | Registration No | Full  | Marks    | % of Marks | Year of |
|-------------|-------------------|-----------------|-------|----------|------------|---------|
| Exam        | / University      | *               | Marks | Obtained | -          | Passing |
|             | - x = a           | *               |       | is 3     | -          |         |
|             |                   |                 |       |          |            |         |
|             |                   | 3               |       |          | - 8        |         |

Details of Experience(if any):

#### Declaration

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

| liable to be cancelled or my service will terminate automatically. |                                 |
|--|---------------------------------|
| Place:   | Full Signature of the candidate |

Date: