

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. - 01/Kolkata City NUHM Society/2023-24. Dated: 12.04.2023,

Name of the Post :- Medical Officer (Part-time)

Number of Post :- 89(eighty nine) The vacancy may vary at the time of Interview.

Consolidated Remuneration :- Rs 24, 000/- (Twenty four thousand) per month.

Essential Qualification :- MBBS from a MCI recognized Institute with 1 year

compulsory Internship and West Bengal Medical

Council Registration.

Age Limit :- Upto 65 years as on 1st May, 2023. As per order (HFW-

27038/12/2023/2508. dated 20.04.2023)

Interview & Reporting Time :- 22.05.2023/ 11.30 am to 12.30 pm.

Venue of Interview :- Room No. 254, 2nd Floor, PMU, Kolkata City NUHM

Society, 5, S.N.Banerjee Road, Kolkata-700013

The duty hours of the above recruited Medical Officer (Part time) shall be 4 hours.

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

CMHO & Secretary

Kolkata City NUHM Society

Secretary Kolkata City NUHM Society

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

- Application forms which are 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 does not entitle 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.
 - Age Proof of Certificate (Madhyamik or equivalent examination certificate)
 - Certificate of MBBS and West Bengal Medical Council Registration for MBBS.
 - MBBS from a MCI recognized Institute with 1 year compulsory Internship
 - Caste certificate.
 - Photo proof Identity card (Passport or Voter ID)
 - Proof of Address (Passport or Voter ID or Aadhaar ID)
- **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

CMHO & Secretary

Kolkata City NUHM Society

Secretary Kolkata City NUHM Society

Kolkata City NUHM Society

Under Health Department, Kolkata Municipal Corporation 5, S.N. Banerjee Road Kolkata – 13

Write a phone no. back side of photo & attached

Self Signature

Full Signature of the Candidate

Application Format for the post of Medical Officer (part time)

| 1. Name in fu | Name in full (in capital letters): | | | | | | | |
|--|--|-----------------|--------------|----------|-------------|---------------|---------|--|
| 2. Guardian's | uardian's Name: | | | | | | | |
| Or equiv | 3. a) Date of Birth according to Madhyamik:// Or equivalent examination certificate b) Age as on 01.05.2023: year. | | | | | | | |
| 4. Are you Ph | 4. Are you Physically Handicapped, write Yes or No: | | | | | | | |
| 5. Caste Catego | 5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal: | | | | | | | |
| | , | | | | | | | |
| | 7. Permanent address (in capital letters): | | | | | | | |
| | 8. Contact No: | | | | | | | |
| 9. Email Id: | 9. Email Id: | | | | | | | |
| 10. Whether citizen of India, write Yes or No: | | | | | | | | |
| 11. Existing En | nployer Name (if any) |): | | | | | | |
| 12. Joining Date of Existing Employer: | | | | | | | | |
| 13. Educationa | 1/Qualifications: | | | | | | | |
| Name of the Exam | | Full | Marks | % of | Division/ | Chances | Year of | |
| Traine of the Exam | Board/University | Marks | Obtained | Marks | Grade | taken to pass | Passing | |
| Madhyamik | | | | | | | | |
| Higher Secondary | | | | | | | | |
| 14. Professiona | 1 / Other Qualification | ons or Sp | ecialization | : | | | | |
| Name of the Exam | f the Exam Name of the West Bengal | | t Bengal | Full | Marks | % of Marks | Year of | |
| MBBS/MD | Board/University | Registration No | | Marks | Obtained | | Passing | |
| MBBS | | | | | | | | |
| MD | | | | | | | | |
| | | | | | | | | |
| 15. Declaration | : | | | | | | | |
| any statement for | eclare that all the sta and false at the tima able to be cancelled o | e of exa | mination/i | nterview | or after my | y appointment | | |

Place:

Date :