



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 Kidderpore Urban Community Health Centre (U-CHC) Under Kolkata Municipal Corporation purely on contractual basis through walk-in-interview

Advertisement No. - 03/Kolkata City NUHM Society / 2023-24 Dated-19.06.2023.

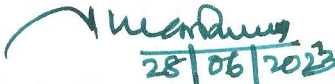
Name of the Post	:-	Medical Officer
Number of Post	:-	4 [General -2, S.T-01 and O.B.C-A-01]
Consolidated Remuneration	:-	Rs 60, 000/- (Sixty thousand) per month.
Essential Qualification	:-	MBBS from a MCI recognized Institute with 1 year compulsory Internship. and West Bengal Medical Council Registration.
Age Limit	:-	Upto 67 years as on 1 st July, 2023.
Date of Interview	:-	06.07.2023
Reporting Time	:-	11.30 am. to 12.30 pm.
Venue of Interview	:-	Room No. 254, 2 nd Floor, PMU, Kolkata City NUHM Society, 5,S.N.Banerjee Road, Kolkata-700013.

The vacancy may vary at the time of Interview.

The duty hours of the above recruited Medical Officer shall be 8 hours.

Medical Officers working at Kidderpore U-CHC will be provided lodging if needed.

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


28/06/2023
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 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


28/08/2023
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

Application Format For Kidderpore U-CHC for the post of Medical Officer

1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik
Or equivalent examination certificate : __ __ / __ __ / __ __ __ __
b) Age as on 01.07.2023: __ __ year.
4. Are you Physically Handicapped, write Yes or No:
5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
6. Postal Address (in Capital Letters) :
7. Permanent address (in capital letters):
8. Contact No:
9. Email Id :
10. Whether citizen of India, write Yes or No:
11. Existing Employer Name (if any):
12. Joining Date of Existing Employer:

13. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of Passing
Madhyamik							
Higher Secondary							

14. Professional / Other Qualifications or Specialization:

Name of the Exam MBBS/MD	Name of the Board/University	West Bengal Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing
MBBS						
MD						

15. 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.

Place :

Date :

Full Signature of the Candidate