

### 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.
- 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.
- 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.
- 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 https://www.shivajobs.in/

Name of the

Exam

MBBS/MD

Name of the

Board/University

West Bengal

Registration No

Full

Marks

Marks

Obtained

% of Marks

Year of

Passing

# **Kolkata City NUHM Society**

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

2. Guardian's Name	:						
3. a) Date of Birth ac b) Age as on 01.05.2	ecording to Madhyan 1023: year.	nik:	//	Or	equivalent	examination c	ertificate
4. Are you Physically	y Handicapped, write	Yes or N	lo:				
5. Caste Category: (UI Write a phone no. back attached	R/SC/ST/OBC-A/OBO	C-B) of We	est Bengal:				
	Capital Letters) :						 . 7. Permanent addre
(in capital letters):	8. Contact No:						
9. Email Id :	of India, write Yes or	No:					
9. Email Id :		No:					
9. Email Id :	er Name (if any):	No:					
9. Email Id : 10. Whether citizen 11. Existing Employ	er Name (if any): Existing Employer:	No:					
9. Email Id: 10. Whether citizen 11. Existing Employ 12. Joining Date of I	er Name (if any): Existing Employer:	No: Full Marks	Marks Obtained	% of Marks	Divisio n/ Grade	Chances taken to pass	Year of Passing
9. Email Id: 10. Whether citizen 11. Existing Employ 12. Joining Date of I 13. Educational/Qu	er Name (if any): Existing Employer: alifications: Name of the	Full			n/		

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