



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 Urban Primary Health Canters in Kolkata City area purely on contractual basis through walk-in-interview


The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages as per Order Memo no HFW/NHM - 332/2023/1003(3) dated 31.07.2023

Advertisement No. - 07/Kolkata City NUHM Society / 2023-24, dated: 21.08.2023

Name of the Post	:-	Medical Officer (Part-time)
Number of Post	:-	29(twenty nine) <u>The vacancy may vary at the time of Interview.</u>
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 67 years as on 1 st January, 2023. As per order (HFW- 27038/12/2023/2508. dated 20.04.2023)
Interview & Reporting Time	:-	22.09.2023/ 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 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


 12/09/2023

CMHO & Secretary


Kolkata City NUHM Society

Secretary

Kolkata City NUHM Society

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

1. The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages as per Order Memo no HFW/NHM - 332/2023/1003(3) dated 31.07.2023
2. Application forms not properly filled in or incomplete Application forms are liable to be cancelled. The candidature will also not be considered if the documents required for the post are not submitted along with application.
3. 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.
4. **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)
5. The decision of the competent authority regarding the engagement will be final.
6. The Kolkata City NUHM Society reserves the right to change/modify any/all of the above conditions


11/09/2023
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

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

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 01.01.2023: __ __ 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	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