

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

Advertisement No. -11/Kolkata City NUHM Society/2017-18

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

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

Number of Post: 12 [S.C-4, S.T-02,OBC-A-02,O.B.C-B-04]

Essential Qualification:

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

Age Limit: Upto 66 years as on 1st January, 2017.

Consolidated Remuneration: Rs 40, 000/- (Forty thousand) per month.

Date of Interview/ Reporting Time : 27.12.2017/ 11.30 A.M

Venue of Interview : Room No. 254,2nd Floor, PMU, Kolkata City NUHM Society, 5,S.N.Banerjee Road , Kolkata-700013

Interested candidates are requested to visit the official website of KMC -www.kmcgov.in to download application format.


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 of each of the following documents stated below must be brought at the time of Interview:
 - 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 .**
 - 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.


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KOLKATA - 13

PHOTO
(self
attested)

APPLICATION FORMAT FOR THE POST OF MEDICAL OFFICER(FULL 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 1.1.2017
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(ESSENTIAL).
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 Qualification :

Name of the Exam	Name of the Board/University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing

12. Professional / Other Qualifications or Specialization:

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