## THE KOLKATA MUNICIPAL CORPORATION 5, S.N. BANERJEE ROAD, KOLKATA – 700 013

The Health Department of Kolkata Municipal Corporation will engage the following personnel as mentioned below for Maternity Home

purely on contractual basis through walk-in-interview.

Advertisement No. - H/10/KMC/2023-24 dated-14.03.2024.

The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages.

Name of Post	Number of Post	Essential Qualification	Age Limit	Consolidated Remuneration
Specialist (G&O)		MBBS with Post Graduate Diploma/Degree in Gynaecology & Obstetrics from a MCI recognized Institute/DNB. Must have completed compulsory 1 year Internship and has West Bengal Medical Council Registration.	Upto 67 years as on 1st January 2024	Rs-60,000/-(per month)

Date of Interview & Reporting Time:- 22.03.2024. Time 11.30 am. To 12.00 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 Specialist Medical Officer shall be 8 hours.

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

**CMHO** 

Kolkata Municipal Corporation (Health Department)

CHIEF MUNICIPAL HEALTH OFFICER KOLKATA MUNICIPAL CORPORATION

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

- **1.** The applicant must be a permanent resident of West Bengal.
- 2. The applicant must have knowledge of local languages.
- **3.** Application forms not properly filled in or incomplete Application forms are liable to be cancelled.
- **4.** The Essential Qualifications mentioned are the minimum and mere possession of the same dose not entitles the candidate to claim selection. <u>All the essential qualifications</u> <u>must be completed on the date of submission of application.</u>
- 5. 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 with Post Graduate Diploma/ Degree / DNB and West Bengal Registration.
  - 1 year compulsory Internship
  - Caste certificate.
  - Photo proof Identity card (Passport or Voter ID)
  - Proof of Address (Passport or Voter ID or Aadhaar ID)
- 6. The decision of the competent authority regarding the engagement will be final.
- **7.** Office of the Chief Municipal Health Officer reserves the right to change/modify any/all of the above conditions

Kolkata Municipal Corporation (Health Department) CHIEF MUNICIPAL HEALTH OFFICER KOLKATA MUNICIPAL CORPORATION

## Kolkata Municipal Corporation (Health Department) 5, S.N. Banerjee Road Kolkata – 13

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## Application Format for the post of Specialist Medical Officer (G&O) for Maternity Home. Advertisement No -H/10/KMC/2023-24, dated 14.03.2024

- 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 01.01.2024: \_\_\_\_ year.
- 4. Are you Physically Handicapped, write Yes or No:
- 5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
- 8. Contact No:
- 9. Email Id :
- 10. Whether citizen of India and permanent resident of West Bengal, write Yes or No:
- 11. Existing Employer's Name (if any) with date of joining:
- 12. If Joined KMC Office earlier then mention date of joining:

	10. Dadeational/ Quanications.								
	Name of the Exam	Name of the	<b>Registration</b> No	Full	Marks	% of	Year of		
	MBBS/MD/Dp/De	Board/University		Marks	Obtained	Marks	Passing		
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13. Educational/Qualifications:

14. West Bengal Medical Council Registration No:

15. Experience:

16. 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