



THE KOLKATA MUNICIPAL CORPORATION (HEALTH DEPARTMENT)
OFFICE OF THE CHIEF MUNICIPAL HEALTH OFFICER
5, S.N. BANERJEE ROAD, KOLKATA - 700 013

Health Department of Kolkata Municipal Corporation will engage the following personnel as mentioned below for its Urban Health & Wellness Centre 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.

Advertisement No. H/03/KMC/2023-24 dated-07.08.2023.

| | | |
|--|----|---|
| Name of the Post | :- | Medical Officer |
| Number of Post | :- | 26[UR- Persons With Disabilities - 2, SC-12, S.T-4, OBC-A- 4, OBC-B- 4] |
| 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 January, 2023. |
| Date of Interview/ Reporting Time | :- | 29.08.2023/ 11.30 am. |
| 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 shall be 8 hours.

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


CMHC

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 does not entitle the candidate to claim selection. All the essential qualifications must be completed on the date of submission of application.
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 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)
6. The decision of the competent authority regarding the engagement will be final.
7. The Chief Municipal Health Officer reserves the right to change/modify any/all of the above conditions.


CMHO

Kolkata Municipal Corporation
(Health Department)

CHIEF MUNICIPAL HEALTH OFFICER
KOLKATA MUNICIPAL CORPORATION

Kolkata Municipal Corporation (Health Department)
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 for XV Finance Commission

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