



**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 Khidderpore Urban Community Health Centre (U-CHC) Under Kolkata Municipal Corporation purely on contractual basis through walk-in-interview

**Advertisement No. – 12/Kolkata City NUHM Society / 2023-24. dated-10.01.2024.**

Name of Post	Number of Post & Category	Essential Qualification	Age Limit	Consolidated Remuneration
Specialist (Medicine)	SC-1, UR-1	MBBS with Post Graduate Diploma / Degree in General Medicine 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 June 2024	Rs-70,000/-(per month)
Specialist (Pathologist)	UR-1	MBBS with Post Graduate Degree in Pathology 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 June 2024	Rs-70,000/-(per month)

Date of Interview & Reporting Time :- **27.02.2024. 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 & Medical Officer shall be 8 hours.


Interested candidates are requested to visit the official website of KMC [www.kmcgov.in](http://www.kmcgov.in) to download the Application format and General information.

  
12/01/2024

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.
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 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)
4. The decision of the competent authority regarding the engagement will be final.
5. The Kolkata City NUHM Society reserves the right to change/modify any/all of the above conditions

  
12/02/2024

CMHO & Secretary

Kolkata City NUHM Society

Secretary

Kolkata City NUHM Society

**Kolkata City NUHM Society**  
**Under Health Department of 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 Specialist .....for U-CHC Khidderpore.**  
**Advertisement No -12/Kolkata City NUHM Society/2023-24, dated 10.01.2024**

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:
6. Postal Address (in Capital Letters) : .....
7. Permanent address (in capital letters): .....
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:
13. Educational/Qualifications:

Name of the Exam MBBS/MD/Dp/De	Name of the Board/University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing

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