



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 Polyclinics
Under XV Finance Commission Health Grant, purely on contractual basis through walk-in-interview
Advertisement No. – H/02/KMC/2022-23 Dated-20.10.2022.

Name of Post	Number of Post	Essential Qualification	Age Limit	Consolidated Remuneration
Specialist (Medicine)	17	MBBS with Post Graduate 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 62 years as on 1st December 2022	Rs-3,000/-per day (3 hours per day for thrice a week)
Specialist (Paediatrics)	17	MBBS with Post Graduate Degree in Paediatric Medicine from a MCI recognized Institute/DNB. Must have completed compulsory 1 year Internship and has West Bengal Medical Council Registration.	Upto 62 years as on 1st December 2022	Rs-3,000/-per day (3 hours per day for thrice a week)
Specialist (G&O)	17	MBBS with Post Graduate 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 62 years as on 1st December 2022	Rs-3,000/-per day (3 hours per day for thrice a week)
Specialist (Ophthalmologist)	17	MBBS with Post Graduate Degree in Ophthalmology from a MCI recognized Institute/DNB. Must have completed compulsory 1 year Internship and has West Bengal Medical Council Registration.	Upto 62 years as on 1st December 2022	Rs-3,000/-per day (3 hours per day for twice a week)

Date of Interview & Reporting Time :- 16.12.2022. 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.

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

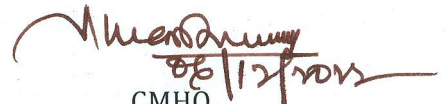

CMHO

Kolkata Municipal Corporation
(Health Department)

CHIEF MUNICIPAL HEALTH OFFICER
KOLKATA MUNICIPAL CORPORATION

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

1. 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 & 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 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. Office of 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
The 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 Specialist

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 01.12.2022: __ __ 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) to which
Communication should be sent (mentioning
PO, Sub-Division, District, Pin Code)
7. Permanent address (in capital letters):
8. Contact No:
9. Email Id :
10. Whether citizen of India, write Yes or No, (By birth/Registration):

11. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Chances taken to pass	Year of Passing

12. Professional / Other Qualifications or Specialization:

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

13. 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