



Government of West Bengal  
Office of the Director  
Institute of Post Graduate Medical Education & Research  
Centre of Excellence  
244 A, J C Bose Road, Kolkata -700 020  
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Memo no. 3322

Date: 04.07.2022

### Notice for recruitment of Ad-Hoc Employee

Applications are invited for a **walk-in interview** for the post of a "Project Fellow—cum Data Entry Operator" in "Hospital Based Cancer Registries in India" program

Ref. no. NCDIR/HBCR/11/022/2022/3754

**Number of post:** One

**Essential qualifications:**

Students with B.Sc./B-Tech or equivalent in any branch of Life Science Computer science or Information Technology with a valid pass certifiical from recognised University.

**Desirable qualifications:** A sound knowledge in computer data entry will be preferable.

**Monthly fellowship:**

Rs. 20,000 p.m. (consolidated)

Three years (i.e. co-terminus with the project), subject to satisfactor performance with assessment at every six month. Candidate wit unsatisfactory performance would be terminated at the end of six mont or with one month prior notice.

**Procedure of Application: Eligible Candidates should appear personally before the Selection Committee on 12.07.2022 at the Seminar Room, Dept. of Radiotherapy, IPGMER, Kolkata, at 12 am, along with the following documents.**

1. Filled in Application Form (given below)
2. Original ID Proof
3. Original Mark sheet and Certificates
4. A set of self-attested photocopies of all relevant documents must be tagged to the Application Form

04/07/22

Prof (Dr.) Manimay Bandyopadhyay  
The Director  
IPGME&R, Kolkata

Director  
I.P.G.M.E. & R.  
Kolkata-700020

04.7.22

Prof (Dr.) Alope Ghosh Dastidar  
Principal Investigator  
DR. ALOKE GHOSH DASTIDAR  
Professor & Head  
Department of Radiotherapy  
IPGME&R / SSKM Hospital

**APPLICATION FORM FOR WALK-IN INTERVIEW**

Name of the Post : **Project fellow-cum Data entry operator**  
Ref. no. NCDIR/ ADHBCR-SOr/08/2020/669



Name: .....

Father's Name: .....

Address for Communication: .....

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Mobile No: ..... Email ID: .....

Permanent Address: .....

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Date of Birth: ..... Age in Years ..... Gender: .....

ID Proof Document: ..... Number .....

Marks in Degree Exam: Marks Secured ..... Max. Marks ..... Percentage .....

Previous Experience (if any): .....

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**Declaration:** *I do hereby declare that the information given is true to the best of my knowledge and belief. If at any point of time, any above information is found to be false, my appointment will be cancelled.*

Place: ..... Date: .....

Full Signature: .....