



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  
Email: [director.ipgmer@gmail.com](mailto:director.ipgmer@gmail.com) Phone: 2204-1101

Memo No: Inst/ 2095

Dated, the 5<sup>th</sup> April 2023

**NOTICE**

As per resolution of the Recruitment Committee for the National One Health Programme for Prevention and Control of Zoonoses (NOHPCZ) for the project as per guidelines sent by National Centre for Disease Control (NCDC), a Walk in Interview to fill up proposed posts is hereby convened in the Department of Microbiology, IPGME&R-SSKM Hospital

Sl. No	Name of the Post	No of Post	Education Qualifications	Consolidated Remuneration	Date & Time of Computer test & Interview
1.	Medical Technologist (LAB)	1	<b>Essential Qualification:</b> B.Sc /Intermediate with Diploma/ Certificate in Medical Laboratory Technology with the course of at least 2 years duration from recognized University/ Institute/ Hospital <b>Desirable Qualifications:</b> Working experience of 2 years in medical laboratory, work experience in "Quality Assured laboratory"	Rs.30000/- per month	11:00 a.m. on 17.04.2023 at LT-6, UCM Building, 6 <sup>th</sup> Floor, Dept.of Microbiology
2.	Data Entry Operator (DEO)	1	<b>Essential Qualification:</b> Graduate with one year diploma in computer application from any recognized University with knowledge of data entry work experience with one year in related field.	Rs.20000/- per month	11:00 a.m on 18.04.2023. at LT-6, UCM Building, 6 <sup>th</sup> Floor, Dept.of Microbiology

**Terms and conditions:**

1. The engagement will be made temporarily for a period of **one month** on probation and tenure will subsequently be extended subject to satisfactory performance of the candidate as well as approval from appropriate higher authority.
2. Candidate will be shortlisted through Computer test & Walk in Interview at IPGME&R-SSKM Hospital, Kolkata.
3. Upper age limit is 40 years as on the date of advertisement for both the post.
4. These are purely contractual post and selected candidate will not have any claim whatever for regularization.
5. If the performance of the appointee is not satisfactory, appointment will be terminated with one month notice or one month salary from either side.
6. Candidates fulfilling above criteria may appear for Walk in Interview along with application form (attach herewith) for the post applied for, bio data and all original supporting documents and experience certificates along with self attested copies and two recent passport size photographs.
7. No T.A./D.A. will be paid for attending the interview.
8. The decision of selection board will be final regarding selection of candidates.
9. Applicant reporting after schedule time will not be allowed for the interview.

**Note: Application form attached herewith**

Director  
IPGME&R, Kolkata-20  
Centre of Excellence

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

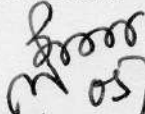
05/04/23

Memo No: Inst/ 2095/119)

Dated, the 5<sup>th</sup> April 2023

Copy forwarded for information and necessary action to the:-

- 1) The Medical Superintendent cum Vice Principal, IPGME&R-SSKM Hospital, Kolkata.
- 2) Dean of Students Affair, IPGME&R, Kolkata.
- 3) Prof. (Dr.) Raja Ray, HOD Microbiology, IPGME&R
- 4) Prof. (Dr.) Chitrita Chattopadhyay, Dept of Microbiology, IPGME&R, Kolkata
- 5) Additional Medical Superintendent-I, SSKM Hospital, Kolkata.
- 6) Accounts Officer, IPGME&R, Kolkata.
- 7) Dr. Hirak Jyoti Raj, Associate Professor, Dept of Microbiology, IPGME&R, Kolkata
- 8) Assistant Superintendent (Non-Medical) Sri. Atal Saha for publication on [www.ipgmer.gov.in](http://www.ipgmer.gov.in) website.
- 9) Notice Board, IPGME&R-SSKM Hospital.

  
05/04/23  
Director

IPGME&R, Kolkata-20  
*Centre of Excellence*

Director

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

# APPLICATION FORM

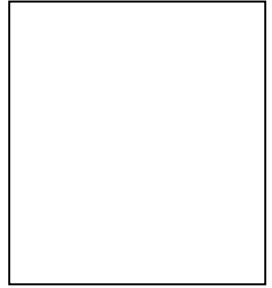
Name of the Post: .....

Reference no: .....

Name: .....

Father's Name: .....

Address for Communication: .....



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

Permanent Address: .....

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

ID PROOF: ..... Number: .....

### Marks Obtained:

Name of Examination	Total Marks (Without Optional Subject)	Marks Obtained (Without Optional Subject)	Percentage of Marks (%)

Previous Experience (if any).....

**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 or incorrect, my appointment may be cancelled.**

Full Signature: .....

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