

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, Phone: 2204-1101.

Memo No: Inst/ 5995

NOTICE

Date: 06 /09/2025

As per resolution of the Recruitment Committee for the National One Health Programme for Prevention and Control of Zoonoses (NOHP-PCZ) as per guidelines sent by National Centre for Disease Control (NCDC), a Walk in Interview on 19th September 2025 to fill up proposed post is hereby conveyed at the Department of Microbiology, IPGME&R and SSKM Hospital.

Sl No.	Name of the Post	No. of Post	Educational Qualification	Consolidated Remuneration	Place & Time of Interview
1.	Medical Technologist (Lab.)	01	Essential Qualification: B.Sc. in Bio-Science / Bachelor of Medical Laboratory Technology (BMLT) / Intermediate with Diploma in Medical Laboratory Technology (DMLT) with the course of at least 2 years duration from recognized University / Institute / Hospital. Working Knowledge of Computer. Desirable Criteria: Work Experience of 2 years in Medical Laboratory (Serological Experience preferred).		LT 6, 6 th Floor, UCM Building, IPGME&R 11:30 a.m. on 19 th September 2025, Friday.

Terms and Conditions:

- The engagement will be made temporarily and tenure will subsequently be extended subject to satisfactory performance of the candidate as well as approval from appropriate higher authority.
- Candidate will be shortlisted through Test and/or Walk in Interview at IPGME&R and SSKMH, Kolkata. 2.
- Upper age limit for this post is not more than 40 years as on the date of advertisement and must be an Indian citizen.
- This is purely contractual post and selected candidate will not have any claim whatever for regularisation. 4.
- If the performance of the appointee is not satisfactory, appointment will be terminated with one month notice period or one month salary from either side.
- Candidates fulfilling above criteria may appear for Walk in Interview along with Application Form (attached herewith), Biodata, Original Photo Identity and Address Proof (Passport / EPIC / Aadhar / Driving License) and all original supporting documents and experience certificates along with selfattested photocopies and two recent passport size colour photographs.
- If the candidate currently employed in any organisation, No Objection Certificate from appropriate higher authority for attending this interview must be present at the time of interview.
- Applicant must be present at LT 6 on or before the scheduled time of reporting (i.e. 11:30 a.m.), after the scheduled time no applicant will be allowed for the interview.

The decision of selection board will be final regarding selection of candidate.

10. No TA/DA will be paid for attending this interview.

Note: Application form attached herewith.

IPGME&R, Kolkata-20 lkata-700020 Centre of Excellence

Memo No: Inst/ 5995 / 1(11) Date: 06 /09/2025

Copy forwarded for information and necessary action to the: -

- 1) The Medical Superintendent cum Vice Principal, IPGME&R-SSKM Hospital, Kolkata.
- 2) Dean of Student Affair, IPGME&R, Kolkata.
- 3) Prof. Dr. Chitrita Chatterjee, Nodal Officer, NOHP-PCZ, Dept. of Microbiology, IPGME&R, Kolkata.
- 4) Prof. Dr. Raja Ray, Head of the Department, Dept. of Microbiology, IPGME&R, Kolkata.
- 5) Prof. Dr. Rajib Kundu, Head of the Department, Dept. of Anatomy, IPGME&R, Kolkata for accommodate LT 6, 6th Floor, UCM Building for this interview on 19th September 2025.
- 6) Medical Officer in-charge (Project), IPGME&R, Kolkata.
- 7) Additional Medical Superintendent-I, SSKM Hospital, Kolkata.
- 8) Accounts Officer, IPGME&R, Kolkata.
- 9) Shri Atal Saha, Assistant Medical Superintendent (NM), IPGME&R-SSKM Hospital, Kolkata for publish this notice in institute website.
- 10) Notice Board, IPGME&R-SSKM Hospital, Kolkata.

11) Guard File.

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

IPGME&R, Kolkata-20. Centre of Excellence

APPLICATION FORM (Must be fill in BLOCK Letters)

Name of the Post:		•••••	
Reference no:			Paste Recent
Name:			Passport Size Colour Photo
Guardian's Name:			1
Address for Communication:			
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Permanent Address:			***************************************
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Mobile No:			
Date of Birth:			
Photo ID Proof:	ID Number:		
Marks Obtained:		_	T
Name of Examination	Total Marks (Without Optional Subject)	Marks Obtained (Without Optional Subject)	Percentage of Marks (%)
Previous Experience (if any)			••••••
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Declaration: I do hereby decla belief. If at any point of time, an may be cancelled.	re that the information givny above information is fou	ren is true to the best of and to be false or incorrec	my knowledge and t, my appointment
Full Signature:	••••••	•••••	
Place: Da	te:	•••••	