Government of West Bengal

Office of the Director

Institute of Post Graduate Medical Education and Research, Kolkata

A Center of Excellence in Medical Education and Research

244 Acharya Jagadish Chandra Bose Road, Kolkata – 700 020

Inst/Memo no: 6651 **Date:** 07/11/2026.

Notice for recruitment of Research Associate

A walk in interview for a post of '**Research Associate**' in a Dioraphte Foundation funded project, no: CfP-NTD2023, 2024-2028, titled "Understanding the link between immune pathology, hypopigmentation and pathogen control in Post kala-azar Dermal Leishmaniasis (PKDL) and Leprosy)" is to be held, PIs being Prof. Mitali Chatterjee and Prof. Avijit Hazra, for 3 years, renewable every 6 months, subject to satisfactory performance.

Eligible candidates should appear personally before the selection Committee:
Date, Time and Venue: Thursday, 19.11.2026 at the Museum, Dept. of Pharmacology, 5th floor, IPGME&R, Kolkata-20, from 11 am onwards.

Sl. No.	Post Name	No. of Post	Essential qualifications & Experience	Salary/Month
1.	Project Associate	01 (One)	• First Class MSc/integrated PG degrees in a relevant subject (such as Life Sciences, Microbiology, Physiology, Biotechnology, Biochemistry etc.) with at least 5 years experience, post MSc OR • PhD in a relevant subject (such as Life Sciences, Microbiology, Physiology, Biotechnology, Biochemistry etc.) with at least 2 years experience post PhD • Preference will be given to candidates with NET-/NET-LS/Inspire Fellowship/equivalent qualification, and with 'Hands on' experience in modern immunological and molecular biology techniques, undertaking of field visits and management of lab data. The candidate should have at least two publications as first author in an indexed Journal.	Rs. 70,000 (consolidated)

1. Preference will be given to candidates with command of Bengali, Hindi, and English language.
2. Candidates are requested to bring original copies of all relevant documents and testimonials on the day of the interview. Recent CV, set of self attested photocopies of all relevant documents must be tagged to the Application Form (Filled in Application form, given below)
3. It may be noted that this post is temporary and contractual in nature and for a period till the end of the project and may be extended as per the need for the project.
4. Candidates who are not suitably performing may be terminated with one month prior notice.
5. No TA/DA is admissible for the interview.

Avijit Hazra

Prof. Avijit Hazra
Co-Principal Investigator

Dr. Avijit Hazra
Professor – Dept. of Pharmacology
IPGME&R, Kolkata – 700020
Reg. No. 50978 (WBMC)

07/11/26

Director
IPGMER, Kolkata-700020

Director
IPGME&R, Kolkata

Inst./Memo no: 6651/1(7) **Date:** 07/11/2026.

Copy forwarded for information:

1. Dean of Student Affairs, IPGME&R- Chairman
2. Accounts Officer, IPGME&R, Kolkata
3. Head, Department of Pharmacology, IPGME&R, Kolkata
4. PI, Dr. Mitali Chatterjee, Principal Investigator, Emeritus Scientist, ICMR-NIRBI, Kolkata
5. Medical officer In Charge (Projects), IPGME&R, Kolkata
6. Office Copy
7. Mr. Atal Saha, Asst Supdt, (For uploading the notice in the website of IPGME&R, Kolkata)

07/11/26

Director
IPGME&R, Kolkata-700020

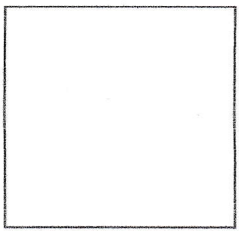
Director
IPGME&R, Kolkata

APPLICATION FORM FOR WALK-IN INTERVIEW

Research Associate

Project: "Understanding the link between immune pathology, hypopigmentation and pathogen control in Post kala-azar Dermal Leishmaniasis (PKDL) and Leprosy)".

Funded by Dioraphte Foundation, Project no: CfP-NTD2023



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/Grade Secured ..... Full Marks ..... Percentage .....

Previous Research Experience:

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No. of Publications in Science Indexed Journal:

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: .....