



Government of West Bengal
Office of the Director

Institute of Post Graduate Medical Education & Research
244, A. J. C. Bose Road, Kolkata -700 020

Email : director.ipgmer@gmail.com Phone : 2204-1101

Memo No: Inst. / 4073

Dated: 5. 8. 22

Vacancy Notification

Application are invited from suitable candidates for filling up the 1(one) Medical Officer (SC) , & 2 (two) posts of staff Nurse (one –SC & one-UR) on contractual basis as per 100 point roster of vacancy at the HCP for Thalassaemia Control Unit , Pathology Dept.of IPGME&R-SSKM Hospital.

Qualification :A) For Medical Officer – MBBS degree recognised from any Institution recognised by West Bengal Medical Council / MCI & Desirable –i)DCH ii) Experience in working with Thalassaemia patients , Age Limit (as on 1st January) Minimum -23 years & Maximum age - 62 years , Monthly consolidated remuneration Rs. 60,000/- per month.

B) For Staff Nurse – Minimum completed GNM course recognised by Indian Nursing Council (INC)/West Bengal Nursing Council with experience in working with Thalassaemia patients and their families , Age Limit (as on 1st January) Minimum -21 years & Maximum age required –40 years. Monthly consolidated remuneration Rs. 25000/- per month.

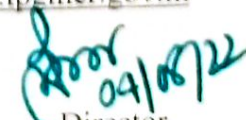
Personal data Sheet (to be submitted in plain paper) :

1.Post applied for ii) Name of applicant iii) Guardian's Name iv) Date of Birth v) Address vi) Mobile No , vii) Mail Id viii) Education Qualification with % of marks and years of passing ix) Working Experience x) Regn . No with details for MBBS only xi) Category xii) Declaration xiii) Photocopy of all documents with self attestation.

No TA/DA will be allowed for attending the interview etc.

Application with bio –data in details must be submitted within 26th August 2022 upto 1.00 p.m. to the receiving section of the Director Office, addressed to the office of the Director, IPGME&R, 244 ,A.J.C. Bose Road, Kolkata -700020

Applications are directed to follow the official website "www.ipgmer.gov.in"


Director,
IPGME&R, Kol

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

APPLICATION FORMAT

Post applied for:

Name :

Address:

Guardian's Name:

Phone No:

Mobile No:

Email No:

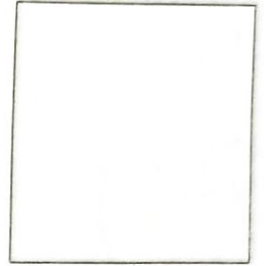
Education Qualification With % of Marks and Year of Passing:

Working Experince:

Registration Number with Details (for MBBS only):

Category:

Declaration of candidate:



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(Signature with Date)

Enco: Photocopy of all documents with self attestation.