## **Government of West Bengal**

Office of the Principal, R.G. Kar Medical College & Hospital 1, Khudiram Bose Sarani, Kolkata-700004

Memo No. RKC/503

Date:1/2/2023

Walk in Interview to fill up proposed vacancies vide Memo No.HFW-27025/2/2021/103(14) Dated:02/09/2021 under "State Thalassaemia Control Program" in Department of Pathology, R.G. Kar Medical College will be held on 7/2/2023(Tuesday) at 11:00 a.m. sharp at LT-I, Platinum Jubilee Building, RGKar MCH.

SI. No.	Name of Post	No. of Post	Age Limit	Educational Qualifications	Consolidated
1.	MEDICAL OFFICER	1	62Years	Minimum Qualification: MBBS Degree from any Institution recognized by WBMC/NMC DESIRABLE QUALIFICATION & EXPERIENCE: i)DCH ii)Experience in working with Thalassaemia patients	Rs 60,000/- per month
2.	STAFF NURSE	1	40 years	Minimum Qualification:  a) The Candidate should have completed GNM Training Course from any recognized by Indian Nursing Council/West Bengal Nursing Council b) The Candidate must be registered under West Bengal Nursing Council.  DESIRABLE EXPERIENCE: Experience in working with Thalassaemia patients and their families.	Rs 25,000/- per month
3.	LABORATORY TECHNICIAN	1	40 years	Minimum Qualification: i) ClassXII with Physics, Chemistry & Biology ii)2Years Diploma in Medical Laboratory Technology(DMLT) from any institute recognized by Govt. of WB/Diploma in Laboratory Technology(DLT) from STM OR ii)BMLT from any institute recognized by Govt. of WB DESIRABLE EXPERIENCE: Experience in Handling Cell Counter & HPLC Machines	Rs 22,000/- per month

## Terms and conditions:

- 1. The engagement will be made temporarily for a period of 6months from the date of joining.
- 2. Candidate will be shortlisted through Walk In Interview at R.G.Kar MCH, Kolkata.
- 3. These are purely contractual and selected candidate will not have any claim whatever for regularization.
- 4. If the performance of the appointee is not satisfactory, appointment will be terminated in any time without further communication.
- 5. Candidates fulfilling above criteria may appear for Walk In Interview along with filled application format and all original qualifications and experience certificates along with self attested copies and two recent passport size photographs. The Candidates must report for interview for specified venue **30 minutes** before the time as per the scheduled time for Interview beyond that no candidates will be allowed.
- 6. Candidate will have to submit an affidavit at the time of joining and they will accept all the general instructions and terms and conditions related to the post.
- 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.

Principal R.G.Kar Medical College,Kolkata

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- 1. The Director of Medical Education, DoHFW, GoWB
- 2. The Director of Health Services, DoHFW,GoWB
- 3. The Mission Director, NHM, DoHFW, GoWB
- The Joint Director of Health Services(NCD), DoHFW, GoWB
   P0-1, NHM, DoHFW, GoWB
- 6. SPO,HCP,DoHFW,GoWB
- 7. State HR Cell, Swasthya Sathi Building, DoHFW, GoWB
- 8. The Deputy Secretary & Nodal Welfare, DoHFW, GoWB

R.G.Kar Medical College,Kolkata

## APPLICATION FORMAT FOR RECRUITMENT OF DIFFERENT CATEGORIES OF STAFF UNDER HCP FOR THALASSAEMIA CONTROL UNITS (TCU) AT R.G.KAR MEDICAL COLLEGE & HOSPITAL

N.B : C	P	Affix Recent Passport size Photograph,										
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1. Full I (in capi												
2. Fath	er's Name:											
3. Pern	nanent Address	;										
4. Addr	ess for correspo	ondence/ F	Present Address :									
5. Date of Birth*: 6. Sex:												
7. E-ma	il ld:											
10. Edu	cational Qualific	cations an	d others* :- (attao	ch extra sheets	if necessary)							
SI. No.	Educational Qualification	Year of	Name of University/Bo	ards/Council	Total Marks (excluding optional)	Marks Obtained (excluding optional)	d ng	ntage/CGPA	Internship for the period, if any			
11. Expe	erience*: (attack ested/self attest	n extra she ed copy m	eets if necessary) nust be submitted	d with the appli	ication)							
Name o the pos designat	t/ Institution		Nature of Organization	Temporary/Contractual/Permanent		Date of Joining	Date of leaving	Cause of leaving				
*Attach	self attested ph	otocopies	of relevant docu	ments along w	ith Aadhaar C	ard/Voter	Card/Pass	port				
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(Full signature of Applicant)

Date:

Place: