

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

Memo No. RKC/5501

Date: 30/10/2023

Walk in Interview to fill up proposed vacancies at RGKMC&H vide Memo No. HFW-27025/2/2021/103(14) dated:2/9/2021 under "State Thalassaemia Control Program" in Department of Pathology, R.G.Kar Medical College on 2/11/2023(Thursday) at 11a.m. sharp at LT-I, Platinum Jubilee Building, R.G.Kar MCH..

Sl. No.	Name of Post	No. of Post	Age Limit	Educational Qualifications	Consolidated
1.	MEDICAL OFFICER	1	62Years	<b>Minimum Qualification:</b> MBBS Degree from any Institution recognized by WBMC/NMC <b><u>DESIRABLE QUALIFICATION &amp; EXPERIENCE:</u></b> i)DCH ii)Experience in working with Thalassaemia patients.	Rs60,000 per month
2.	STAFF NURSE	1	40Years	<b>Minimum Qualification:</b> a) The Candidate should have completed GNM Training course from any Institution recognized by Indian Nursing Council/West Bengal Nursing Council. b) The Candidate must be registered under West Bengal Nursing Council. <b><u>EXPERIENCE:</u></b> Experience in working with Thalassaemia patients & their families.	Rs25,000 per month

**Terms and conditions:**

1. The engagement will be made temporarily for a period of 6 months from the date of joining.
2. Candidates will be shortlisted through Walk In Interview at R.G.KarMCH,Kolkata.
3. These are purely contractual posts and selected candidates will not have any claim whatsoever 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.

*SP*

Principal  
R.G.Kar Medical College,  
Kolkata

*V*

Memo No. RKC/5501

Date: 30/10/2023

Copy Forwarded for information & necessary action to the:

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

Dr 30/10/23

Stb.

Principal  
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 : Candidate should fill in the application form in his/her own handwriting.  
Incomplete application with any defect in any respect will be summarily rejected.

Affix Recent  
Passport size  
Photograph,  
duly signed  
across by the  
candidate

Post Applied for : \_\_\_\_\_  
(in capital letter)

1. Full Name : \_\_\_\_\_  
(in capital letter)

2. Father's Name: \_\_\_\_\_

3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

4. Address for correspondence/ Present Address : \_\_\_\_\_  
\_\_\_\_\_

5. Date of Birth\* : \_\_\_\_\_ 6. Sex : \_\_\_\_\_

7. E-mail Id :

8. Telephone No. : \_\_\_\_\_ 9. Mobile No. : \_\_\_\_\_

10. Educational Qualifications and others\* :- (attach extra sheets if necessary)  
( Attested/ self attested copy must be submitted with the application)

Sl. No.	Educational Qualification	Year of Passing	Name of University/Boards/Council	Total Marks (excluding optional)	Marks Obtained (excluding optional)	Percentage/CGPA	Internship for the period, if any

11. Experience\*: (attach extra sheets if necessary)  
(Attested/self attested copy must be submitted with the application)

Name of the post/ designation	Office/ Institution, where employed	Nature of Organization	Temporary/Contractual/Permanent	Date of Joining	Date of leaving	Cause of leaving

\*Attach self attested photocopies of relevant documents along with Aadhaar Card/Voter Card/Passport

Declaration

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any untrue/false/incorrect information or I do not satisfy the eligibility criteria, my candidature/appointment will be cancelled/ terminated, without assigning any reasons therefore. I have read the contents of General information/instruction for the candidate and shall abide by the rules, regulations and procedures for appointment to the post applied for.

Date:  
Place:

(Full signature of Applicant)