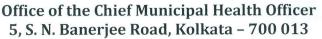


### THE KOLKATA MUNICIPAL CORPORATION





#### Advertisement No - H/05/KMC/2023-24. dated 13.10.2023.

The Health Department of Kolkata Municipal Corporation will engage the following personnel as mentioned below under XV Finance Commission Health Grant for Polyclinic on contractual basis.

The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages as per Order Memo no HFW/NHM – 332/2023/1003(3).dt.31.07.2023

Name of the Post: Staff Nurse

#### No. of Vacancies:

Category	Vacancy					
Unreserved	03					
SC	02					
ST	01					
OBC-B	01					
Total	Resultant Vacancy 7					

#### **Essential Qualification:**

 The candidate should have completed GNM training course from an institute recognized by Indian Nursing Council / West Bengal Nursing Council.

OR

The candidate should have completed **B.SC** Nursing Course.

• The candidates must be registered under West Bengal Nursing Council and must have proficiency in Bengali.

Age (as on 01.01.2023): Not more than 40 Years. as per Memo No. HFW -27011-/15/2018/12374 A (21) dt. 03.03.2020 of Govt of West Bengal, H&FW Deptt. NHM. (Age relaxations will be given for reserved category candidates as per extant Govt. Norms).

**Remuneration**: 25,000/-(twenty five thousand only) per month.

**Reservation:** Reservation will be made as per Govt. Rules.

#### Mode of Selection & Panel for engagement:

On the basis of marks obtained on Essential Qualification followed by an Interview and subsequently one panel will be prepared for engagement as per the rules under NUHM Society.

### Scale of scoring - Total 100 marks:

Name of the Post	Basic Qualification	Interview		
Staff Nurse	40 (based on % of marks obtained in	60		
	the GNM/ B.SC Nursing examination)	1		

The eligible candidates are requested to submit their application in a sealed envelope addressed to "Chief Municipal Health Officer/Secretary, Kolkata City NUHM Society " Kolkata Municipal Corporation (CMO Bldg) 5, S.N. Banerjee Road, Kolkata – 700013. The name of the post, "Staff Nurse for Polyclinic" is to be super scribed on the envelope. The sealed envelope should be submitted in the **Drop Box** kept in front of room no 254 2<sup>nd</sup> floor of CMO Bldg.

Date of submission of applications: from 15.12.2023 to 22.12.2023 (excluding Sunday and holidays)

Time of submission: Monday to Friday-from 11:00 a.m. to 4:00 p.m. and Saturday-from 11:00 a.m. to 2:00 p.m.

No application will be received by post/courier. No application will be received in the Drop Box after 22.12.2023.

The engagement is subject to the final outcome of the petition filed WPA (P) 335 of 2022 in the matter of "Pijus Patra Vs The State of West Bengal & Ors"

After scrutiny list of the eligible candidates will be uploaded in our website along with the date and venue of Interview.

Chief Municipal Health Officer
Kolkata Municipal Corporation

CHIEF MUNICIPAL HEALTH OFFICER KOLKATA MUNICIPAL CORPORATIO:

# -: The General Information :-

### Application will be in following manners strictly:-

- a) Application forms not properly filled in or incomplete Application forms are liable to be cancelled.
- b) The Essential Qualifications mentioned are the minimum and mere possession of the same dose not entitles the candidate to claim selection. All the essential qualifications must be completed on the date of submission of application.
- c) Candidates must be submitted photocopies (self attested) of documents along with original filled up application form duly signed by candidates as mentioned below.
  - Age Proof of Certificate (Madhyamik or equivalent examination certificate)
  - All mark sheets (including internship wherever applicable) & pass certificates of GNM / B.SC Nursing.
  - Madhyamik and H.S mark-sheets are not required.
  - West Bengal Nursing Council Registration Certificate. (Provisional certificate may be allowed.)
  - Caste Certificate.
  - Photo proof Identity card & proof of Address (Passport/Voter ID/Aadhaar)
  - Passport size photo must be pasted on the original application with signature.
- d) No rounding off of marks will be granted. Proportionate marking upto 2 decimal points will be considered.
- e) The decision of the competent authority regarding the engagement will be final.
- f) The Health Department of KMC authority reserves the right to change/modify any/all of the above conditions and as mentioned in the advertisement.

Chief Municipal Health Officer
Kolkata Municipal Corporation

CHIEF MUNICIPAL HEALTH OFFICER KOLKATA MUNICIPAL CORPORATION

## THE KOLKATA MUNICIPAL CORPORATION

Office of the Chief Municipal Health Officer 5, S. N. Banerjee Road, Kolkata - 700 013

Write a phone
no. back side
of photo &
attached
signature

Application format for the post of Staff Nurse for Polyclinic Advertisement No -H/05/KMC/2023-24, dated 13.10.2023

1. Name in full (in capital letters):

2. Guardian's	Name:											
3. a) Date of Birth according to Madhyamik:/// Or equivalent examination certificate												
, 0	b) Age as on 01.01.2023: year.  4. Are you Physically Handicapped, write Yes or No:											
4. Are you Phy												
5. Caste Catego	5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:											
	6. Postal Address (in Capital Letters) :											
7. Permanent	7. Permanent address (in capital letters):											
	8. Contact No:											
9. Email Id:	9. Email Id:											
10. Whether citizen of India and permanent resident of West Bengal, write Yes or No:												
11. Existing En	nployer Name (if any)	& wit	th	date of join	ing:	:						
12. If Joined KN	MC Office earlier the	n men	tio	n date of joi	nin	ıg:						
13 Educationa	l/Qualifications:											
Name of the Exam	Name of the	Ful	ll Marks		9/	% of	Division/ C		hances	Year of		
	Board/University	Mark	ζS	Obtained	M	arks	Grade ta		ken to pass	Passing		
14 D C '	1 / 0/1 0 1:5 /:			. 1								
14. Professiona  Name of the Exam	l / Other Qualification  Name of the Board					Full	Marks		% of Marks	Year of		
GNM/BSC Nursing		•	Registration N		Marks		Obtained		70 OI Marks	Passing		
011111/ 200 1101101118					1.101110		Obtained			1 4352118		
15. Declaration				_						_		
	I do hereby declare any statement fou my candidature will	ınd fa	alse	at the ti	ime	of e	xamination	ı/in	terview or a	after my		
Place:												
Date :							Full Sign	<u>atu</u>	re of the Ca	<u>ndidate</u>		