

## THE KOLKATA MUNICIPAL CORPORATION





## Advertisement No - H/04/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 Urban Health and Wellness Centres (UHWC) 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	14			
Unreserved (Person with Disabilities)	01			
Unreserved (Meritorious Sports person)	01			
SC	06			
ST	02			
OBC-A	03			
OBC-B	02			
Total	Resultant Vacancy 29			

## **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 basic 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)	

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 UHWC" 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 CORPORATION

# -: 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.
  - Disabilities and Sports Certificate( as per Govt. Rules)
  - 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

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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

self

# Application format for the post of Staff Nurse for UHWC Advertisement No -H/04/KMC/2023-24, dated 13.10.2023

1.	1. Name in full (in capital letters):											
2.	2. Guardian's Name:											
	<ul> <li>3. a) Date of Birth according to Madhyamik://</li> <li>Or equivalent examination certificate</li> <li>b) Age as on 01.01.2023: year.</li> <li>4. Are you Physically Handicapped, write Yes or No:</li> </ul>											
5.	5. Are you Meritorious Sports person, write Yes or No:											
6.	6. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:											
7.	\ 1 /											
8.	8. Permanent address (in capital letters):											
9.												
10. Email Id :												
11. Whether citizen of India and permanent resident of West Bengal, write Yes or No:												
12. Existing Employer Name (if any) & with date of joining:												
13. If Joined KMC Office earlier then mention date of joining:												
13. If Joined KMC Office earlier then mention date of joining:  14. Educational/Qualifications:												
	of the Exam	· -		Full Marks		% of	Division/	Chances	Year of			
Name (	or the Exam	Board/University	Mai		Obtained	Marks	Grade	taken to pass	Passing			
		Boardy Offiverency	1114		Obtailed	Wallo	Grade	tarier to pass	1 abbing			
15	. Professional	/ Other Qualification	ons o	r Sp	ecialization							
Name of the Exam Name of the Board/		d/	Registration No		Full	Marks	% of Marks	Year of				
GNM/I	GNM/BSC Nursing University/Institute		ıte			Marks	Obtaine	d	Passing			
16	. Declaration:											
in all	respect. If	I do hereby declare any statement fou ny candidature will	ınd	false	at the ti	me of e	xamination	/interview or a	after my			
in all	respect. If name then m	any statement for	ınd	false	at the ti	me of e	xamination	/interview or a	after my			