



Office of the  
Asansol Municipal Corporation  
Dr. G.R. Mitra Sarani, P.O. -Asansol  
Paschim Bardhaman :: West Bengal :: Pin 713 301

EMPLOYMENT NOTICE ..... 79/ XIII-2(a) / es / HME DATED 20.3.2019

Applications in the "Prescribed Format" are invited from the eligible candidates for engagement of **Part Time Medical Officer (PTMO)** on Contractual basis under NUHM for the approved UPHCs under Asansol Municipal Corporation area of Paschim Bardhaman.

Name of the Post	Upper Age Limit	No. of Posts	Eligibility Criteria	Remuneration
Part Time Medical Officer (PTMO)	66 Years as on 01.01.2018	14	MBBS from a MCI recognized institute with one year compulsory internship. Must be recognized under West Bengal Medical Council. Weightage will be given for higher qualification with specialization.	Rs. 24000/- per month consolidated

**Terms and Conditions are noted below :**

1. The initial contract period is upto March, 2019 and it may be renewed for further period depending on need and satisfactory performance of the candidate.
2. Selected Candidates will be posted in any of the UPHCs/RCHs under Asansol Municipal Corporation area.
3. At least 2 (two) months' notice should be given in case of any unwillingness or resignation from service.
4. The applicants must be permanent resident of West Bengal.
5. Candidates must enclose self attested photocopy of AGE PROOF certificate with the application.
6. Candidates must furnish self attested photocopies of all testimonials and certificates issued by the competent authority with the application.
7. Candidates should apply in the prescribed application form to be downloaded from the website in A-4 size paper.
8. Candidates must submit self attested two recent passport size colour photographs (one copy to be pasted on the application form and other copy to be stapled with the application form).
9. Name of the post for which applied must be mentioned on the application form and on the cover of application as "Application for the Post of ....."

10. One self addressed envelope with requisite stamp affixed on the envelope should be enclosed with the application form.
11. **Last Date of submission of application is 4<sup>th</sup> April, 2018.**
12. Application should reach on the following address –  
**To the Secretary, Asansol Municipal Corporation, Dr. G.R. Mitra Sarani, PO-Asansol, District – Paschim Bardhaman, PIN 713301 on any working day during office hours within the last date i.e. 04.04.2018 upto 4.00 pm. Application may be sent by post or dropped at the DROP BOX kept at the Head Office of Asansol Municipal Corporation at Dr. G.R. Mitra Sarani.**
13. Candidates are requested to view the website of Asansol Municipal Corporation ([www.asansolmunicipalcorporation.org](http://www.asansolmunicipalcorporation.org)) for details.
14. For further details Secretary, Asansol Municipal Corporation may be contacted.
15. The Selection Committee of above posts of Asansol Municipal Corporation reserves the right to rectify the errors and omissions if any, in the process of holding the examination and final declaration of results.
16. A panel will be prepared for posting in future vacancy if any within next one year.

**N.B. :** Original certificates have to be produced as and when asked for. Incomplete application or application with defect in any respect or without requisite documents will be summarily rejected. Candidates shall be responsible for whatever information is furnished in their application. If any of the information/statement made by a candidate in the application form be subsequently proved to be false or cannot be proved by him/her, his/her candidature will be liable for rejection.

  
Commissioner  
Asansol Municipal Corporation

**APPLICATION FOR THE POST OF PART TIME MEDICAL OFFICER (PTMO)  
AT UPHCs OF ASANSOL MUNICIPAL CORPORATION UNDER NUHM  
(CONTRACTUAL)**

1. Name of the Candidate : \_\_\_\_\_
2. Father's / Gurdian's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)
4. Sex (Male / Female) : \_\_\_\_\_
5. Registration No. : \_\_\_\_\_
6. Name of the Medical Council : \_\_\_\_\_  
(Registration certificate must be submitted)
7. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_
- Village/ Town : \_\_\_\_\_ Post Office : \_\_\_\_\_
- PS : \_\_\_\_\_ Pin : \_\_\_\_\_
- District : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_
9. E-Mail ID : \_\_\_\_\_
10. Academic Qualification : (Self attested copy of mark sheets to be submitted)

Examination	Board/University	Year of Passing	Full Marks	Marks Obtained	% of Marks	Chances taken to pass
1 <sup>st</sup> MBBS						
2 <sup>nd</sup> MBBS						
3 <sup>rd</sup> MBBS						
Diploma						
PG Degree						
Any other Qualification						

11. Year of Experience in Health Sector :  
(must submit copy of appointment letter and experience certificate)

Sl. No.	Name of the Organization	Designation	Type of work	Year of Experience

**Declaration**

I hereby solemnly declare that information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be false / incorrect then I understand that my candidature for the above post shall be liable to be cancelled without any further information to me.

Date :

Place :

Signature of the Applicant