GOVERNMENT OF WEST BENGAL DIRECTORATE OF ESI (MB) SCHEME, WEST BENGAL WING B; PLOT VI, GB BLOCK, SECTOR III, SALT LAKE KOLKATA-700097

WALK-IN-INTERVIEW & ENGAGEMENT OF BOTH CONTRACTUAL GENERAL DUTY MEDICAL OFFICERS (CGDMO) AND CONTRACTUAL SPECIALIST MEDICAL OFFICERS (CSMO)

Applications are invited for engagement & empanelment of Contractual General Duty Medical Officers (CGDMO), for ESI hospitals and Service Dispensaries'.

And Contractual Specialist Medical Officers (CSMO) for ESI hospitals only in the discipline of I) General Medicine II) General Surgery having MS /MD/ DNB degree III) Orthopedics IV) Anaesthesiology V) Gynaecology & Obstetrics and VI) Radiologists having DMRD Degree in the state of West Bengal, under ESI (MB) Scheme, West Bengal.

Qualification:

Essential: I) M.B.B.S. Degree recognized by M.C.I. & updated WBMC Certificate for CGDMO

II) M.B.B.S. with P.G. qualification recognized by M.C.I, updated WBMC Certificate Desirable: Doctors with fresh P.G. Degree for CSMO.

Submission of application:

The application made in the prescribed format alongwith a set of relevant copies of i) Age proof ii) MBBS or PG certificate and iii)WBMC registration iv) One photo ID card with address and v) One recent passport size photograph.

Remuneration:

- I) A consolidated remuneration of Rs. 40,000/- (p.m.) For CGDMO
- II) A Consolidated remuneration of Rs. 50,000/- (p.m.) For CSMO

Age: Below 64 years as on 01.01.2020

General Information:.

- The appointments would be on purely contractual basis, to be renewed at the end of the term subject to satisfactory performance.
- 2. The prescribed essential qualifications are the minimum and prescribed qualification entitle a candidate to apply, but do not quarantee selection.
- The candidate should be registered as Medical Practitioner with the West Bengal Medical Council/Medical Council of India.
- The CGDMOs & CSMOs will be posted in different ESI Hospitals as per the requirement of the Hospital and convenience
 of the applicant.
- 5. The contract is liable to be terminated at any time without assigning any reasons thereof by giving one month's notice from either side.
- 6. The contractual engagement does not confer any right for regularization or absorption in the post.

Date, Time & Venue of the Interview:

The candidate should appear before the Interview Board with original documents at Directorate of ESI (MB) Scheme, WB. Wing B, Plot VI, GB-Block, Sector III, Salt Lake, Kolkata-97

The Walk-In-Interviews will be conducted on 14th October 2020 from 11:30 a.m. to 3:00p.m.

Sd/ Additional Director (Admn.) ESI (MB) SCHEME, WB

GOVERNMENT OF WEST BENGAL DIRECTORATE OF ESI (MB) SCHEME, WEST BENGAL WING B; PLOT VI, GB BLOCK, SECTOR III, SALT LAKE KOLKATA-700097

APPLICATION FORMAT FOR THE POST OF CONTRACTUAL GENERAL DUTY MEDICAL OFFICER (CGDMO) / CONTRACTUAL SPECIALIST MEDICAL OFFICER (CSMO) (TO BE FILLED UP BLOCK LETTER)

| 1. Name of full (in capital letters) | | | | | | | | | Sp | ace for |
|--|---------------------------------|----------------|----------|----------------|------|----------|--------------------------------------|---------------|--|-----------------|
| 2. Father's Name | | | | | | | | pasti | pasting recent passport size | |
| a) Date of birth according to Madhyamik or equivalent examination | | | | D D M M Y Y | | Y | photogra duly signe the candid | | signed by | |
| b) Age as on 01.01.2020 | | Year | Month | | Days | | | | | |
| 4. Postal Address (mentioning P | .O., Sub-Divi | sion, District | t, and I | PIN Code | e):- | | | | | |
| 5. Academic qualification with % (to be supported by relevant | | ained (in tab | oular fo | ormat) | | | | | | |
| Name of the examination passed | Name of the Board/University | | | Marks obtained | | 480010 D | % of Chances taken t | | s taken to pass | Year of passing |
| M.B.B.S. | | | | | | | | | | |
| P.G.Degree with discipline | | | | | | | | | | |
| Any other relevant qualification | | | | | | | | | | |
| No. & Date of Registration (Windows) (to be supported by relevant information) Any other relevant information | nt document | :) | | | | | | | | |
| 8. Contact No & E-mail Address : | | | | | | | | | | |
|). Hospital or Service Dispensaries (SD) Choice: 1 | | | | 2 | | | 3 | | natural desiration and a second secon | |
| 10. List of documents enclosed: | | | | | | | | | | |
| Date: Place: | | | | | | | | | | |
| | | | | | | | Signa | ture of the o | andidate in full | |