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

## WALK-IN-INTERVIEW FOR CONTRACTUAL GENERAL DUTY MEDICAL OFFICERS (CGDMO)

Applications are invited-for engagement & empanelment of Contractual General Duty Medical Officers (CGDMO), for ESI hospitals and Service Dispensaries' in the state of West Bengal, under ESI (MB) Scheme, West Bengal.

#### Qualification:

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

#### 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:

A consolidated remuneration of Rs. 40,000/- (p.m.) For CGDMO

#### Age: Below 64 years as on 01.01.2021

#### General Information:.

- 1. The appointments would be on purely contractual basis, to be renewed at the end of the term subject to satisfactory performance.
- The prescribed essential qualifications are the minimum and prescribed qualification entitle a candidate to apply, but do not guarantee selection.
- 3. The candidate should be registered as Medical Practitioner with the West Bengal Medical Council/Medical Council of India.
- 4. The CGDMOs 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-Interview will be conducted on 5th February 2021 from 11:30 a.m. to 3:00p.m.

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) (TO BE FILLED UP IN BLOCK LETTER)

| Name of full (in capital letters)   |                                 |               |            |            |   | Spa    | ce for                 |
|---|---------------------------------|---------------|------------|------------|---|--------|------------------------|
| 2. Father's Name  |                                 |               |            |            |   |        | ng recent<br>port size |
| a) Date of birth according to Madhyamik     or equivalent examination   |                                 | D D M M Y Y   |            |            | photograph<br>duly signed by<br>the candidate |        | ograph<br>igned by     |
| b) Age as on 01.01.2021   | Year                            | Month         | Month Days |            |   | -      |                        |
| 4. Postal Address (mentioning P.  |                                 |               |            |            |   |        |                        |
| <ol><li>Academic qualification with % (<br/>to be supported by relevant of the supported by relevant of the supported by relevant of the support of the support</li></ol> |                                 | oular format) |            |            |   |        |                        |
| Name of the examination . passed  | Name of the<br>Board/University | Marks obt     | ained      | % of marks | Chances taken to p                            | ass    | Year of passing        |
| M.B.B.S.  | Doard Offiverolly               |               |            | mano       |   |        | padding                |
| P.G.Degree with discipline  |                                 |               |            |            |   |        |                        |
| Any other relevant qualification  |                                 |               |            |            |   |        |                        |
| 6. No. & Date of Registration (WE (to be supported by relevan)  7. Any other relevant information:  8. Contact No & E-mail Address:  9. Hospital or Service Dispensaries  | t document)                     | 2             |            | ,          | 3.  |        |                        |
| a. Hospital of Service Dispensant   | es (OD) Choice. 1               |               | •          |            |   |        |                        |
| 10. List of documents enclosed:  Date: Place:   |                                 |               |            | Signal     | ture of the candidate i                       | n full |                        |