



# INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH

Government of West Bengal  
244, Acharya Jagadish Chandra Bose Road,  
Kolkata – 700 020, Ph.: 223-5181

Memo No: 820

Date: 07.02.2023

## Advertisement

Applications are invited for the posts of Audiologist & Speech therapist, Dental Surgeon DEIC, Occupational Therapist for "DEIC Nodal Centre", under "Rashtriya Bal Swasthya Karyakram (R.B.S.K), NHM at Dept. of Neonatology, IPGME&R, Kolkata on contractual basis.

Application form (Annexure 1) with complete biodata (Including required testimonials duly attested) should reach the office of the Director, IPGME&R, within **15 days (fifteen days)** from the date of publication of this advertisement at IPGME&R Website ([www.ipgmer.gov.in](http://www.ipgmer.gov.in)). For additional details please contact the undersigned at [director.ipgmer@gmail.com](mailto:director.ipgmer@gmail.com) OR Phone Number 033-22041101. Details of the post are as follows:

Name of the post	Number of post	Working hours	Monthly remuneration	Eligibility	Upper Age Limit.
Audiologist & Speech therapist	1	9AM – 5PM	25000/- (Consolidated)	Master's degree in audiology and speech pathology	40 years
Dental Surgeon DEIC	1	9AM – 5PM	42000/- (Consolidated)	BDS from any Govt. Dental College	40 years
Occupational Therapist	1	9AM – 5PM	22000/- (Consolidated)	Masters in Occupational therapist	40 years

The above-mentioned posts are purely on contractual basis and renewable annually strictly on the basis of performance. All eligible candidates will be called for interview and selection will be made by Institute Level Selection committee. Date of interview will be notified later in the Institute notice board.

07/02/23

Director  
IPGME&R, Kolkata  
Director  
I.P.G.M.E. & R.  
Kolkata-700020

Suchandra Mukherjee  
Dr. Suchandra Mukherjee  
Prof & HOD, Dept. of Neonatology  
IPGME&R, SSKM Hospital, Kolkata  
H.O.D.  
Dept of Neonatology  
IPGME&R, SSKM Hospital  
Kolkata-20

**Application Form for Candidates**

Name of post applied for: \_\_\_\_\_

[Please fill up the form in block letters]

Name of candidate: \_\_\_\_\_

Name of father: \_\_\_\_\_



Date of birth:

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Postal address: \_\_\_\_\_

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Email id: \_\_\_\_\_

Contact no:

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Educational qualification:

Examination	Board/University	Year of passing	Marks obtained	Percentage
Madhyamik or equivalent				
Higher Secondary or equivalent				
Graduation				
Post Graduation				
GNM / B.Sc. Nursing				

[Contd. To next page]

**Professional experience:**

Organisation	Designation	Year	Experience (Year)

**Declaration**

I, hereby, declare that the information given in application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/ incorrect at any stage, my candidature is liable to be rejected, which I shall be solely responsible.

**Date:**

**Signature of candidate**

**Please attach the following documents (self-attested photocopies) with this form:**

1. Proof of age.
2. Proof of address.
3. Mark sheets and certificates (Madhyamik or equivalent, Higher Secondary or equivalent, Graduate or equivalent, Post-graduate or equivalent and GNM Nursing/ B.Sc. Nursing).
4. Experience certificates.

Candidates are requested to bring mark sheets, certificates and testimonials in original on the day of interview.