



Government of West Bengal
Office of the Director
Institute of Post Graduate Medical Education & Research
Centre of Excellence
244 A. J. C. Bose Road, Kolkata -700 020
Email: director.ipgmer@gmail.com, Phone: 2204-1101, Fax: 2223-5181

Memo no. 2740

Date: 08.05.2023

Notice for recruitment of Ad-Hoc Employee

Applications are invited for a **walk-in interview** for the post of a "Project Fellow-cum Data Entry Operator" in "Hospital Based Cancer Registries in India" program.
Ref. no. NCDIR/HBCR/11/022/2022/3754 Dated 20th May 2022

Number of post: One

Essential qualifications: Higher Secondary or equivalent qualification from a recognized board or University

Desirable Experience: i) Typing speed of thirty words per minute
ii) Working experience as DEO in Govt. organisation

Monthly fellowship: Rs. 20,000 p.m. (consolidated)

Tenure: Two years (i.e. co-terminus with the project), subject to satisfactory performance with assessment every six month. Candidate with unsatisfactory performance would be terminated at the end of six months or with one month prior notice.

Procedure of Application: Eligible Candidates should appear personally before the Selection Committee on **18.05.2023** at the Seminar Room, Dept. of Radiotherapy, IPGMER, Kolkata, at 12 noon, along with the following documents.

1. Filled in Application Form (given below)
2. Original ID Proof
3. Original Mark sheet and Certificates
4. A set of self attested photocopies of all relevant documents must be tagged to the Application Form

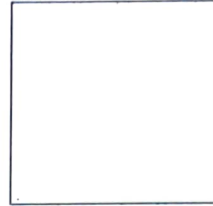

08/05/23

Prof. (Dr.) Manimoy Bandyopadhyay
Director, IPGME&R, Kolkata

Prof. (Dr.) Manimoy Bandyopadhyay
Director
I.P.G.M.E. & R., Kol- 20

APPLICATION FORM FOR WALK-IN INTERVIEW

Name of the Post: **Project Fellow-cum Data Entry Operator**
Ref. no. NCDIR/HBCR/11/022/2022/3754 Dated 20th May 2022



Name:

Father's Name:

Address for Communication:

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Mobile No: Email ID:

Permanent Address:

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Date of Birth: Age in Years Gender:

ID Proof Document: Number

Marks in Degree Exam: Marks Secured Max. Marks Percentage

Previous Experience (if any):

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Declaration: I do hereby declare that the information given is true to the best of my knowledge and belief. If at any point of time, any above information is found to be false, my appointment will be cancelled.

Place: Date:

Full Signature: