



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: 6304

Date: 31/10/23

Advertisement

Applications are invited for the posts of Dental Technician, 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). For additional details please contact the undersigned at 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.
Occupational Therapist	1	9AM – 5PM	22000/- (Consolidated)	Master's degree in Occupational therapist from any recognized University/Institute.	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.

Director

IPGME&R, Kolkata

Memo No: 6304/1(3)

Copy forwarded for information and Necessary Action:

1. Dean of Students Affair, IPGME&R–Chairman.
2. Office copy.
3. Mr. Atal Saha (Assistant Superintendent) (NM) for uploading the said order in the official website.

Director

IPGME&R, Kolkata

H.O.D.

Dept of Neonatology
IPGME&R, SSKM Hospital
Kolkata-20

Dr. Suchandra Mukherjee

Prof & HOD, Dept. of Neonatology
IPGME&R, SSKM Hospital, Kolkata

Date: 31/10/23

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Application Form for Candidates

Name of post applied for:

[Please fill up the form in block letters]

Name of candidate: _____

Name of father: _____

Fix one
passport size
photo

Date of birth:

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Postal address: _____

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.