



Government of West Bengal
Office of the Principal
Murshidabad Medical College & Hospital
Berhampore, Murshidabad.



Phone No : 03482-274095 (Principal Room's) Email Id: principal.msdmch@gmail.com

Fax No. – 03482-274094

Memo No: MSD-MCH/PR/2768/24

Dated : 25.09.2024

NOTICE FOR WALK IN INTERVIEW

As per guideline of NDDTC, New Delhi the Principal, Murshidabad Medical College & Hospital, Berhampore, Murshidabad calls a walk-in interview for engagement of the following fully contractual post for the period of 01 (one) year for implementation and smooth conduction of "Addiction Treatment Facility" under the Department of Psychiatry of Murshidabad Medical College & Hospital, Berhampore, Murshidabad.

Sl. No.	Name of the Post	Number of Post	Qualifications (all are mandatory)	Age (as on 01.07.2024)	Emoluments (In Rupees)
1	Medical Officer	01 (One) (UR)	(A) MBBS from an MCI recognized Institution with one year compulsory internship (B) Candidate must be registered under West Bengal Medical Council i.e. having permanent registration no from WBMC (C) MD in Psychiatry / DPM / having equivalent Post Graduate Qualifications in Psychiatry	62 Years (Sixty Two Years)	Rs. 60,000/- per month without any allowances and increments.

Interested & eligible candidates along with application containing personal details, educational qualifications, professional experience with original documents and one copy self attested photocopy of each and every documents are invited in walk -in -interview on **29.10.2024 (Twenty Ninth October Twenty Hundred Twenty Four) at 02:30 P.M. at College Council Room , Office of the Principal, Murshidabad Medical College & Hospital, Berhampore, Murshidabad.**

Reporting Date & time of the interested and eligible candidates : Within 01.00 P.M. on 29.10.2024

NOC from employer in case of candidate employed at present in any public/private institution/establishment is essential.

All documents above should have to be produced before the interview board in original and submit one copy self attested photocopy of each and every original document at the time of reporting.

Selection will be made on the basis of marks in academic qualifications, experiences and interview. Decision for the selection by the interview board is final.

No TA/DA will be paid to the candidates for appearing in the interview procedure. Renewal of contractual service may be processed according to necessity and on the basis of the performance report.

No accommodation can be provided to the selected candidates.


Principal

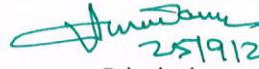
Murshidabad Medical College & Hospital
Berhampore, Murshidabad



Principal
Murshidabad Medical College
Berhampore, Murshidabad

Copy forwarded for information & necessary action to the :

1. Prof. (Dr.) Atul Ambekar, NDDTC, Dept. of Psychiatry, AIIMS, Ansari Nagar, New Delhi-110029.
2. DME & EOS, Dept. of Health & FW. Govt. of WB, Swasthya Bhavan. Kol-91 .
3. DHS, Dept. of Health & FW, Govt. of WB, Swasthya Bhavan, Kol-91
4. District Magistrate & Chairman, RKS Murshidabad Medical College & Hospital, Murshidabad with a request to wide circulation of this notice.
5. MSVP, Murshidabad Medical College & Hospital, Berhampore, Murshidabad with a request to wide circulation of this notice.
6. HOD, Dept. of Psychiatry, Murshidabad Medical College & Hospital, Berhampore, Murshidabad with a request to wide circulation of this notice.
7. C.M.O.H. Murshidabad with a request to wide circulation of this notice.
8. Accounts Officer. Murshidabad Medical College, Berhampore, Murshidabad
9. IT Coordinator. Department of Health & Family Welfare, Govt. of West Bengal with request to upload the Notice to the departmental website.
10. College Notice Board, Murshidabad Medical College, Berhampore, Murshidabad
11. MMCH Website
12. Guard File.


25/9/2024

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APPLICATION FORMAT (Annexure I)

Addiction Treatment Facility (ATF) Murshidabad Medical College & Hospital, Berhampore, Murshidabad
supported by Ministry of Social Justice and Empowerment, Govt. of India

A. Name of the Applicant (in Block Letter) : _____

B. Post applied for : Medical Officer

C. Age (as on 01.07.2024) : _____ YEARS _____ MONTHS _____ DAYS

D. Gender : _____ D. Marital Status: _____

E. Date of Birth (DD/MM/YYYY) : _____ / _____ / _____

F. Father's / Husband's Name: _____

G. Present Address: _____

H. Mobile No. _____ I. Telephone: _____

J. E-mail address: _____

K. Permanent Address: _____

L. Preferred Communication Address: Present / Permanent

M. Educational Qualification: (Self-attested Proof in Xerox copies to be attached)

Qualification	Year	Board / University	% of Marks Obtained	Attempts / Remarks
MBBS (First)				
MBBS (Second)				
MBBS (Final)				
MD / DPM				

N. Experience : (Self-attested Proof in Xerox copies to be attached)

Post	Organization	From	To	Period	Salary

O. Any other Information (if any) : _____

Registration Number : _____

Signature of Candidate: _____

Name of Candidate: _____

Date : _____

Place: _____