

## Office of the Principal

College of Medicine & J.N.M Hospital West Bengal University of Health Sciences Kalyani, Nadia, West Bengal. Pin-741235.

Tele - Fax: (033) 2582 6647, (033)-2582 8562

Email: principal.comjnmh.kalyani@gmail.com

No.: COMJNMH/PR/2018/2005

Date: 14/12/2018

Advertisement Notice for Engagement of DOME on Contractual Basis in College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia.

Applications are invited from Mentally and Medically fit Citizens of India for the Post of Dome on purely Contractual Basis for College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia.

Duly filled application forms should reach the "OFFICE OF THE PRINCIPAL, COLLEGE OF MEDICINE & J.N.M. HOSPITAL, WBUHS, KALYANI, NADIA, PIN - 741235" in a sealed envelope super scribed "Application for the Post of Dome". One self addressed envelope should be kept inside the main envelope for further communication from office end.

Last Date of submission of application is 14/01/2019.

## **Terms and Conditions**

01.	Number of Vacancies	05 (Five)	
02.	Age	18 Years to 60 Years	
03.	<b>Educational Qualification</b>	Class Eight Pass	
04.	Remuneration	Selected Candidate will be paid under the category of unskilled, Zone A, as mentioned in the Circular related to the Minimum wages issued by Office of the Labour Commissioner, Govt. of West Bengal.	
05.	Duration of Engagement	For a period of 06 (Six) months, may be extended on satisfactory performance.	
06.	Place of Posting	College of Medicine & J.N.M. Hospital, Kalyani, Nadia	
07.	Experience	Minimum 02 years working experience as Dome in any sector	
08.	Mode of Selection	Shortlisted candidates will have to appear before the interview board.  Date and Time of interview will be intimated separately to each candidates through India Post.  Notice about the date and time will be found in the website	
09.	Date of Interview	https://www.comjnmh.com Will be informed later after scrutiny of application forms	



Contd.....p2......

K. Mukhopudl

Principal College of Medicine & J.N.M. Hospital WBUHS, Kalyani, Nadia

Principal College of Medicine & J.N.M. Hospital WBUHS, Kalyani, Nadia.

No.: COMJNMH/PR/2018/ 2005/Q- XX)

Copy forwarded for information and necessary action to:-

- 1. The Pro Vice Chancellor, The West Bengal University of Health Sciences, DD 36, Sector I, Salt Lake, Kolkata 700 064
- 2. The Registrar, The West Bengal University of Health Sciences, DD 36, Sector I, Salt Lake, Kolkata 700 064
- 3. The Registrar, Bidhan Chandra Krishi Viswavidyalaya
- 4. The Registrar, University of Kalyani
- 5. The Chairman, Kalyani Municipality
- 6. The Chairman, Gayeshpur Municipality
- 7. The District Magistrate, Nadia, Krishnagar
- 8. The Chief Medical Officer of Health, Nadia, Krishnagar
- 9. The Finance Officer, The West Bengal University of Health Sciences, DD 36, Sector I, Salt Lake, Kolkata 700 064
- 10. The Sub Divisional Officer, Kalyani, Nadia
- 11. The Medical Superintendent, College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia
- 12. The Prof. & HOD, Department of Anatomy, College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia
- 13. The Prof. & HOD, Department of FMT, College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia
- 14. The ACMOH, Kalyani, Nadia
- 15. The Accounts Officer, College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia (College wing)
- 16. The Accounts Officer, College of Medicine & J.N.M. Hospital, WBUHS, Kalyani, Nadia (Hospital wing)
- 17. The Accounts Officer, Gandhi Memorial Hospital, Kalyani, Nadia
- P.A to the Hon'ble Vice Chancellor, The West Bengal University of Health Sciences, DD 36, Sector I, Salt Lake, Kolkata – 700 064
- 19. Website Administrator for uploading the notice in the College website
- 20. Guard File.



Principal
College of Medicine & J.N.M. Hospital
WBUHS, Kalyani, Nadia

Date: 14/12/2018

Principal
College of Medicine & J.N.M. Hospital
WBUHS, Kalyani, Nadia.

## APPLICATION FORMAT FOR THE POST OF DOME ON CONTRACTUAL BASIS

2. Father's Name 3. Date of Birth 4. Age as on 01.01.2018 5. Gender 6. Permanent Address 7. Correspondence Address  8. Email ID (if any) 9. Mobile Number (Compulsory):  10. Educational Qualification  Examination Passed  Year of Passing  Board / Council / University  Div. / Grade  11. Work Experience	2	Name of the Candidate in full (In Block Letters)			Insert Recen
4. Age as on 01.01.2018 5. Gender 6. Permanent Address 7. Correspondence Address 8. Email ID (if any) 9. Mobile Number (Compulsory): 10. Educational Qualification  Examination Passed Year of Passing Board / Council / University Div. / Grade		The factors and the second			Passpo
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Date

[Signature of Candidate]