



TELE. ADDRESS
"TROPMEO"

CALCUTTA SCHOOL OF TROPICAL MEDICINE

GOVT. OF WEST BENGAL
108 CHITTARANJAN AVENUE
KOLKATA - 700 073
PHONE :033 2212 3695/96/97
FAX: 033 2212 3698

Memo No: STM/ 1394

Date 12.10.2017

NOTICE

Applications are invited for the following contractual post of the ART Centre, School of Tropical Medicine, Kolkata.

1) Medical officer- 1 (one)

The required essential qualifications of the candidates for the aforesaid posts are as follows:

1. Medical Officer: an MBBS trained by NACO at one of the NACO designated training centres.

Applications can be submitted till 31st October, 2017, 4.00 P.M. at the dispatch section of School of Tropical Medicine, Kolkata by post or personally.

12/10/17
Director,
School of Tropical Medicine,
Kolkata

Director
School of Tropical Medicine
C. R. Avenue, Kolkata

RECRUITMENT

School of Tropical Medicine In collaboration with

West Bengal State AIDS Prevention & Control Society

(A Society Promoted by Ministry of Health & Family Welfare, Government of India and Department of Health & Family Welfare, Government of West Bengal)

(Care, Support and Treatment Division)

School of Tropical Medicine desires to fill the vacancy of post like *Medical Officer* for

ART Centre **School of Tropical Medicine**. The post will be filled on contractual basis.

Further details may be verified from Memo No. STM/1394 dated 12.10.2017 visiting the website

www.wbhealth.gov.in/wbsapcs & www.stmkolkata.org Interested candidates may apply.

**Sd/-
Director,
School of Tropical
Medicine**

School of Tropical medicine, 108 C R Avenue, Kolkata - 700073 Ph.: (033) 2212 3695/96/97,
Fax : 033-2212 3698, ART Centre-(033) 2212 3700, Website : www.wbhealth.gov.in/wbsapcs

School of Tropical Medicine In collaboration with

West Bengal State AIDS Prevention & Control Society

*(A Society Promoted by Ministry of Health & Family Welfare, Government of India and
Department of Health & Family Welfare, Government of West Bengal)*

(Care, Support and Treatment Division)

Memo No. STM/1394 Notice

Date: 12.10.2017

Applications are invited from the eligible candidates for consideration of appointment for the positions as mentioned in the STM, ART Centre on contractual basis. The selected candidates will be posted at STM, ART Centre under WBSAP&CS. A panel will also be prepared and will remain valid for one year.

The last date of submission of application (attached proforma wise) is **31.10.2017** by a registered / ordinary post along with photo copy of supportive documents and 2 No. of recent colour passport size photo duly signed by the applicant. Application Form should be made separately for each post on good quality, white A4 size paper ONE SIDE ONLY. The envelope containing application should be superscripted clearly "**APPLICATION FOR THE POST OF _____ AT _____**". One self-addressed envelope of the size of 25cm X 11cm, with postal stamp of Rs.5/- affixed thereon should be accompanied with the application.

Medical Officer	
Eligibility criteria:	Essentially be an MBBS trained by NACO at one of the NACO designated training centres.
Age Limit:	60 years
Remuneration:	Rs. 36,000/- per month consolidated.

Address of submission of application for STM ART Centres is mentioned below:

Name of the ART Centre	To whom the application to be sent	Address
ART Centre, School of Tropical Medicine	The Director	School of Tropical Medicine, Chittaranjan Avenue, Kolkata - 700 073.

Date of Interview / written test will be intimated to the eligible candidate later on. No TA / DA will be borne by the STM / WBSAP&CS for appearing at the interview / written test.

Sd/-
Director
School of Tropical medicine

APPLICATION FOR THE POST OF _____ AT _____

To
The Director
School of Tropical Medicine,
108 C R Avenue
Kolkata 700073

Paste one
passport size
colour
photograph duly
signed by the
candidate

Sub:- Application for the post of _____ on contractual basis at

Sir,

In response to your advertisement notice No. STM/1394 **dated 12.10.17** for the post of _____ I prefer myself as a candidate.

My bio-data is given below:-

Name of the Candidate: (in capital letter)	
Father's / Husband's Name:	
Permanent Address: (including Flat No. / Block / Road / Municipality / City / Town / P.O. / P.S. / District & Pin code)	
Present Address: (including Flat No. / Block / Road / Municipality / City / Town / P.O. / P.S. / District & Pin code)	
Contact No. (Mobile + Land Line)	
E-mail No.	
Date of Birth: (give attested supporting documents)	
Age on 1st January 2017	
Caste: (give attested supporting documents)	
Religion:	
Nationality:	

Sex:					
Photo Identity proof (give attested supporting documents)					
Education Qualification: (give attested supporting documents)					
Name of the Examination	Board / University	Year of Passing	Marks obtained	Percentage of marks (%)	Grade / Division
Others Qualification: (give attested supporting documents)					
Working Experience: (give attested supporting documents)					

Declaration:

I, hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any information being found false, my candidature is liable to be cancelled. Further, I promise to produce all the original documents before the Competent Authority when called for.

Yours faithfully,

Date:

Signature of the candidate

Place:

Enclosure:

(TO BE ENCLOSED WITH THE APPLICATION FORM IN A SEPARATE SHEET)

ADMIT CARD

Staff Recruitment Examination (on contractual basis)
2017 For the post of _____

At _____

(For office use only)

Roll No. : _____

Date of Examination/Interview: _____

Time of Examination/Interview: Venue: _____

(To be filled by the candidate)

1. Name of the Candidate (in blockletter): _____

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

3. Address: _____

*Signature and date with
stamp of the head of the Selection
Committee*

ADMIT CARD

Candidate's copy

Staff Recruitment Examination (on contractual basis)
2017 For the post of _____

At _____ (For office use only)

Roll No.: _____

Date of Examination/Interview: _____

Time of Examination/Interview: _____

Venue: _____

(To be filled by the candidate)

1. Name of the Candidate (in blockletter): _____

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

3. Address: _____

*Signature and date with stamp
of the head of the Selection Committee*