



CALCUTTA SCHOOL OF TROPICAL MEDICINE

GOVERNMENT OF WEST BENGAL

108 Chittaranjan Avenue, Kolkata - 700073

Phone : 033 2212 3695/96/97 Fax : 033 2212 3698

Website : stmkkolkata.org

Memo No : STM/DT/01/148/2024

Dated : 11.06.2024

RECRUITMENT NOTICE

Applications are invited from eligible candidates for contractual engagement as **Junior Research Fellow (JRF)** at a consolidated remuneration of **Rs. 25,000/- (Rupees Twenty five thousand)** only per month in the **West Bengal Science & Technology and Biotechnology Department** funded research project entitled "A study on prevalence of invasive fungal infections in two tertiary care hospitals in Eastern India" at *School of Tropical Medicine, Kolkata.*

- ❖ Duration of engagement : **Two (2) years**
- ❖ Number of Post : **One (1)**
- ❖ Age : **Upto 35 years as 01.06.2024**

Qualification:-

- ❖ Post Graduate degree in Microbiology / Botany / Zoology

Interested candidates are requested to submit their applications (**in prescribe format**) along with self-attested copy of all required documents (age proofs, copy of marksheet and certificate of all education qualification, proof of work experience and additional qualification, if any) to the **Director, School of Tropical Medicine, Kolkata, 108, C. R. Avenue, Kolkata - 700073** by speed post/courier or by depositing in the Application Drop box (Ground floor, Main building).

THE NAME OF THE POST APPLIED FOR AND THE RECRUITMENT NOTICE MEMO NUMBER MUST BE WRITTEN ON THE ENVELOPE.

Last date for receipt of Application: 26th June, 2024

Short listed candidate will be intimated to appear by e-mail and/ or phone call for an interview.

Enclosure: Application Format


11/06/2024
Director

School of Tropical Medicine, Kolkata

Application Format

Recruitment Notice No: _____

Date: _____

Name of Post applied for: _____

Name of Candidate: _____

Father's Name: _____

Date of Birth: _____

Gender: _____

Postal Address: _____

E-mail ID: _____

Contact No.: _____

Affix Passport
Size Colour
Photograph (Self
attested)

Academic Qualification:

Examination	Subjects	Board/University	Year of Passing	% of marks obtained

Work experience:

Sl. No.	Name of Organisation	Type of Work	From	To

Declaration: I solemnly declare that the information furnished above are true to the best of my knowledge. I further undertake that if at any stage it is discovered that an attempt has been made by me, will fully to conceal or mispresent the facts, my candidature/appointment shall be summarily rejected without any notice.

Place: _____

Date: _____

Signature of Candidate