



**THE KOLKATA MUNICIPAL CORPORATION
UNDER KOLKATA CITY NUHM SOCIETY
5, S.N. BANERJEE ROAD, KOLKATA - 700 013**



Advertisement No. - 05/Kolkata City NUHM Society / 2025-26 dated 06.01.2026.

The Kolkata City NUHM Society will engage the following personnel as mentioned below for its Kidderpore Urban Community Health Centre (U-CHC) under Health Department of Kolkata Municipal Corporation purely on contractual basis through walk-in-interview.

The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages as per Order Memo no HFW/NHM - 332/2023/1003(3) dated 31.07.2023.

Name of the Post	:-	Medical Officer
Number of Vacancy Post	:-	3 [UR-1, SC-1 and OBC-B-01]
Consolidated Remuneration :-		Rs 60,000/- (Sixty thousand) per month.
Essential Qualification	:-	MBBS from a MCI recognized Institute with 1 year compulsory Internship. and West Bengal Medical Council Registration.
Age Limit	:-	Upto 67 years as on 1 st January, 2026. As per Order (HFW-27038/12/2023/2508. dated 20.04.2023)
Date of Interview	:-	20.01.2026
Reporting Time	:-	11.30 am. to 12.30 pm.
Venue of Interview	:-	Room No. 254, 2 nd Floor, PMU, Kolkata City NUHM Society, 5 S.N. Banerjee Road, Kolkata - 700013.

The duty hours of the above recruited Medical Officer shall be 8 hours.

Interested candidates are requested to visit the official website of KMC -www.kmcgov.in to download Application format and General information.

R.Sengupta 06/01/26
CMHO & Secretary
Kolkata City NUHM Society
Secretary
Kolkata City NUHM Society

The General Information for the Applicants / Candidates are as follows:

1. The applicant must be a permanent resident of West Bengal and the applicant must have knowledge of local languages as per Order Memo no HFW/NHM - 332/2023/1003(3) dated 31.07.2023
2. Application forms not properly filled in or incomplete Application forms are liable to be cancelled. The candidature will also not be considered if the documents required for the post are not submitted along with application.
3. The Essential Qualifications mentioned are the minimum and mere possession of the same does not entitle the candidate to claim selection. All the essential qualifications must be completed on the date of submission of application.
4. **The originals & photocopies of each of the following documents stated below must be brought at the time of Interview and enclosed the photocopies of documents with the application.**
 - Age Proof of Certificate (Madhyamik or equivalent examination certificate)
 - Certificate of MBBS and West Bengal Medical Council Registration for MBBS.
 - MBBS from a MCI recognized Institute with 1 year compulsory Internship
 - Caste certificate as per Govt. Norms.
 - OBC (Non creamy Layer) candidates must submit their renewed/revalidated OBC (Non creamy Layer) Certificate at the time of interview.
 - Photo proof Identity card (Passport or Voter ID or Pan ID)
 - Proof of Address (Passport or Voter ID or Aadhaar ID)
5. The decision of the competent authority regarding the engagement will be final.
6. The Kolkata City NUHM Society reserves the right to change/modify any/all of the above conditions

R.Sengupta
06/01/26
CMHO & Secretary
Kolkata City NUHM Society
Secretary
Kolkata City NUHM Society

KOLKATA MUNICIPAL CORPORATION
Health Department under Kolkata City NUHM Society
5 S.N. Banerjee Road Kolkata - 13

Write a phone
no. back side
of photo &
attached

Self Signature

Application Format For Khidderpore U-CHC for the post of Medical Officer

1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik
Or equivalent examination certificate : ____/____/_____
b) Age as on 01.01.2026: ____ year.
4. Are you Physically Handicapped, write Yes or No:
5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
6. Postal Address (in Capital Letters) :
.....
7. Permanent address (in capital letters):
.....
8. Contact No:
9. Email Id :
10. Whether citizen of India, write Yes or No:
11. Existing Employer Name (if any):
12. Joining Date of Existing Employer:
13. Professional / Other Qualifications or Specialization:

Name of the Exam MBBS/MD	Name of the Board/University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing
MBBS						
MD						

14. West Bengal Registration No:

15. Declaration:

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Place :

Date :

Full Signature of the Candidate