



OFFICE OF THE PRINCIPAL
CALCUTTA NATIONAL MEDICAL COLLEGE

GOVERNMENT OF WEST BENGAL

32, Gorachand Road, Kolkata-700014

Phone No.:(033)2284 3582, Fax No.:2284 3582

Website: cnmckolkata.com, Email: principal.cnmc@gmail.com prin_cnmc@wbhealth.gov.in

Memo No.: CNMC/Estt-1/11035/P

Date: 28/03/20

ADVERTISEMENT NOTICE FOR THE POST OF DATA ENTRY OPERATOR (DEO) ON CONTRACTUAL BASIS

This Institute is running RT-PCR test for(COVID-19) in the department of Microbiology very soon, for which we urgently require Data Entry Operators(DEO) on contractual basis for three months. Therefore, application is hereby invited from the suitable candidates on contractual basis for engagement in the above mentioned post as per order No.H&FW/164/20, Dated 09.05.2020 and HF/O/MERT/590/W-26/2020 Dated 19.06.2020 of the Department of Health & Family Welfare.

Application in prescribed proforma (attached herewith), should reach to the Office of the Principal, Calcutta National Medical College, Kolkata within 01.03.2020 12 pm.

Date of Interview will be intimated in due course.

Sl No.	Name of Post	Number of Post	Qualification & Experience	Age as on 01.01.20	Remuneration per month (Consolidated)
01.	Data Entry Operator (DEO)	ONE (Subject to departmental approval)	Essential <ul style="list-style-type: none">Graduate from arecognized UniversityCertificate in Computer Applications Desirable <ul style="list-style-type: none">Minimum 2 years working experience in data recording and data analysis.	Up to 30 years	Rs. 13,000/ (Consolidated)

Terms & Conditions:

- The engagement will be made temporarily for a period of 3(Three months) from the date of appointment or until further order.
- These are purely contractual posts and the selected candidates will not have any claim whatsoever for regularization.
- If the performance of the appointee is not satisfactory, appointment will be terminated in any time without further communication.
- Candidates will have to submit an undertaking at the time of joining that they will accept all the general instructions & terms and conditions related to the post.
- Job Offer will be made for the above posts after approval from the Department of Health & Family

Principal
Principal 28.03.2020
Calcutta National Medical College

Reference to CNMCH 11035 P/11(7)

Date: 28/08/2020.

Copy forwarded to for information & necessary action please:

1. The Director of Medical Education & EOS, Swasthya Bhawan, Salt Lake, Koi-91
2. The Director of Health Services & EOS, Swasthya Bhawan, Salt Lake, Koi-91
3. The Special Secretary, Swasthya Bhawan, Salt Lake, Koi-91
4. The MSVP, CNMCH, Kolkata
5. The HOD, Microbiology, CNMC, Kolkata
6. Institute Website
7. Notice Board- for display

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28.08.2020
Principal

Calcutta National Medical College

APPLICATION FOR THE POST OF DATA ENTRY OPERATOR (DEO) ON PURELY TEMPORARY BASIS AT CALCUTTA NATIONAL MEDICAL COLLEGE & HOSPITAL, KOLKATA

To
The Principal
Calcutta National Medical College
32, Gorachand Road
Kolkata- 700014

PASTE	ONE
PASSPORT	SIZE
COLOUR	
PHOTOGRAPH	DULY
SIGNED BY	THE
CANDIDATE	

Sub: APPLICATION FOR THE "POST OF DATA ENTRY OPERATOR (DEO)" AT CALCUTTA NATIONAL MEDICAL COLLEGE & HOSPITAL, KOLKATA

Respected Sir,

In response to your advertisement notice Memo No. CNMC/10467/P Dated 13.06.2020 for the post of DATA ENTRY OPERATOR (DEO) purely on "temporary basis" for the period of three months at Calcutta National Medical College, Kolkata, I prefer myself as a candidate.

My bio-data is given below:

1.	Name of the Candidate: (in capital letter)					
2.	Father's/Husband's name:					
3.	Permanent Address: (including Flat No./Block/Road/Town/P.O/District & Pin Code)					
4.	Present Address: (including Flat No./Block/Road/Town/P.O/District & Pin Code)					
5.	Contact No. (Mobile)					
6.	Email ID:					
7.	Date of Birth: (Self attested supporting documents)					
8.	Age on 1 st January, 2020					
9.	Gender					
10.	Religion					
11.	Nationality:					
12.	Caste:					
13.	Photo Identity proof (Give self attested supporting documents)					
14.	Education Qualification: (Give self attested supporting documents)					
	Name of the Examination	Board/ University	Year of Passing	Marks obtained	Percentage of marks (%)	Grade/ Division
15.	Other Qualifications: (Give self attested supporting documents)					
16.	Working Experience: (Give self 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 false, my candidature is liable to be cancelled. Further, I promise to procedure all the original documents before the Competent Authority when called for.

Date:

Yours faithfully,

Place:

Signature of the candidate