



THE KOLKATA MUNICIPAL CORPORATION
Office of the Chief Municipal Health Officer
5, S. N. Banerjee Road, Kolkata – 700 013



Advertisement No – H/04/KMC/2022-23. dated 23.02.2023.

The Health Department of Kolkata Municipal Corporation will engage the following personnel as mentioned below for Food Safety on Wheels (FSW) on contractual basis.

A) Walk-in-interview for the post of Analyst for Modified Food Safety on Wheels(FSW)

Name of Post	:-	Analyst
Number of Post	:-	01 (one) UR
Essential Qualification	:-	Analyst should hold Graduate degree in Chemistry or Biochemistry or Microbiology or Dairy Chemistry. OR Bachelor Degree of Technology Dairy Technology or Food Technology or Biotechnology.
Experience	:-	At least 2 years of practical laboratory experience preferably in Food & Water Analysis.
Age (as on 01.01.2023)	:-	Not more than 40 Years.
Remuneration	:-	20,000/-(twenty thousand only) per month.
Date of Interview	:-	20.03.2023
Reporting Time	:-	11.30 am. to 12.30 pm.
Venue of Interview	:-	Room No. 137, 1 st Floor, "Chief Municipal Health Officer, "CMO Bldg, 5, S.N. Banerjee Road, Kolkata – 700013,

B) Walk-in-interview for the post of Driver for Modified Food Safety on Wheels(FSW)

Name of Post	:-	Driver
Number of Post	:-	01 (one) UR
Essential Qualification	:-	i) <u>Essential</u> a) Read up to class eight. b) Valid Driving Licence under categories LMV-TR/TRANS/MPV/HPV/PSVBUS. c) Experience in driving motor vehicles at least for five years. ii) <u>Desirable</u> – Knowledge in running repairs of vehicles.
Age (as on 01.01.2023)	:-	Not less than 25 years and not more than 40 years.
Remuneration	:-	11,500/-(eleven thousand five hundred only) per month.
Date of Interview	:-	21.03.2023
Reporting Time	:-	11.30 am. to 12.30 pm.
Venue of Interview	:-	Room No. 137, 1 st Floor, "Chief Municipal Health Officer, "CMO Bldg, 5, S.N. Banerjee Road, Kolkata – 700013,

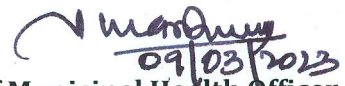
Interested candidates are requested to visit the official website of KMC –www.kmcgov.in to download Application format and General information.


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The General Information for the Applicants / Candidates may be as follows:

- a) The applicants must have proficiency in Bengali.
- b) Application form which is not properly filled in or incomplete Application forms are liable to be cancelled.
- c) 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.
- d) **Candidates must be submitted photocopies (self attested) of documents along with original filled up application form duly signed by candidates as mentioned below.**
 - Age Proof of Certificate (Madhyamik or equivalent examination certificate for Analyst post)
 - Age Proof of Certificate (for Driver post) eight pass certificate or Driving Licence.
 - All mark sheets pass certificates of the essential academic qualification.
 - Experience Certificate.
 - Valid Driving Licence.
 - Photo proof Identity card & proof of Address (Passport /Aadhaar)
- e) Candidates working in Government Organization must route their application through proper channel if their departmental rules require so and produce NOC at the time of interview.
- f) The decision of the competent authority regarding the engagement will be final.
- g) The Health Department of KMC authority reserves the right to change/modify any/all of the above conditions and as mentioned in the advertisement


09/03/2023
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Photo
Attach

Self Signature

Application Format for the post of Analyst for Modified Food Safety on Wheels (FSW)

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 01.01.2023: __ __ year.
4. Are you Physically Handicapped, write Yes or No:
5. Are you Meritorious Sports person, write Yes or No:
6. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
7. Postal Address (in Capital Letters) :
8. Permanent address (in capital letters):
9. Contact No:
10. Email Id :
11. a) Whether citizen of India, write Yes or No:
b) Whether a natural citizen of India or citizen by registration:
12. Existing Employer Name (if any):
13. Joining Date of Existing Employer:
14. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Year of Passing
Madhyamik						
Higher Secondary						

15. Professional / Other Qualifications or Specialization:

Name of the Exam	Name of the Board / University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing
Graduation						
Post Graduation						

16. Details of Experience :

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 :

Full Signature of the candidate

Date :



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Photo
Attach

Self Signature

Application Format for the post of Driver for Modified Food Safety on Wheels (FSW)

1. 1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Eight Pass Certificate: ____/____/____
Or equivalent examination certificate
b) Age as on 01.01.2023: ____ year.
4. Are you Physically Handicapped, write Yes or No:
5. Are you Meritorious Sports person, write Yes or No:
6. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
7. Postal Address (in Capital Letters) :
8. Permanent address (in capital letters):
9. Contact No:
10. Email Id :
11. a) Whether citizen of India, write Yes or No:
b) Whether a natural citizen of India or citizen by registration
12. Existing Employer Name (if any):
13. Joining Date of Existing Employer:
14. Educational/Qualifications

Name of the Exam	Name of the School / Board	Full Marks	Marks Obtained	% of Marks	Division/ Grade	Year of Passing
Eight Pass						
Madhyamik						

15. Driving Lincence No :
16. Driving Lincence Renewal Date:
17. Details of Experience :

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 :

Full Signature of the candidate

Date :