

# WEST BENGAL MEDICAL SERVICES CORPORATION LTD

(Wholly owned by the Government of West Bengal)

CIN: U85110WB2008SGC126373

Regd. Office: Swasthya Sathi, GN-29, Sector-V, Salt Lake, Kolkata-700 091

Ph: 033-40340300, Fax: 033-40340400, website: www.wbmsc.gov.in, E-mail: info@wbmsc.gov.in

No. WBMSC/Org-Set up/Eng/399/13/Part II/7026

Dated: 29.12.2023

## Notice

West Bengal Medical Services Corporation Limited invites application from candidates for recruitment to the following post:

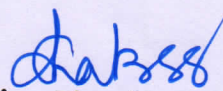
### 1. Consultant Accountant:

- **No. of post :** 1 (one)
- **Age qualification:** 60-65 years as on 01.01.2024.
- **Service condition:** Only retired Govt. of W.B. employees not below the rank of Office Assistant. This engagement will be on contractual basis to be renewed annually on the basis of satisfactory performance.
- **Experience:** Candidate should have experience in disposing works related to accounts in the Accounts Section of any Govt./ Semi Govt./Statutory Govt. organization.
- **Consolidated remuneration:** Rs.25, 000 /- per month.

The application format is available in the website: [www.wbmsc.gov.in](http://www.wbmsc.gov.in)

### General Instructions:

1. Candidates are advised to download the appropriate application format and mail the scanned copy of the filled in application to [wbmsclrecruitment@gmail.com](mailto:wbmsclrecruitment@gmail.com) within **15.01.2024**.
2. Self attested copies of date of birth, educational qualifications, proof of retirement including last pay certificate, experiences etc. should also be mailed along with the filled in application form.
3. Recent colored photograph should be furnished in the appropriate space of the application format.
4. Incomplete and defective application and application without signature will be summarily rejected.
5. The date of interview will be notified to the candidates through the e-mail ids as mentioned by the candidates in their application form.

  
Managing Director, WBMSCL &  
Special Commissioner to the Govt, of W.B.  
H&FW Department





**Experience**

Please give brief description:

**Application form for the post of Consultant Accountant**

Applicant's information

Full Name:

(in Capital letters)

Full Residential Address with PIN Code:

Email:

Contact no.:

Date of Retirement:

Date of birth:

Self attested  
Recent  
coloured  
passport size  
photo

**Certificates/Documents furnished (uploaded)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Disclaimer & Signature**

*I certify that the above information is true to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information furnished in my application may cancel my candidature.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_