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

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 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
- 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



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Application form for the post of Consultant Accountant

Applicant's Information

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Full Nan	ne:	(In Capital Letters)				
		(iii capital Letters)				
Full Res	idential Address with PIN Code:					
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Contact no. :		Email:				
Date of Birth:		Date of Retirement:				
Designa	tion from the post from which retired:					
Name of the Organization from which retired:		Certificates/Documents furnished (up)				
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	Experier	nce					
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passport size photo	3.		Last Pay drawpolls				
	5.						
Disclaimer & Signature							
I certify that the above information is true to the best of my knowledge.							
	employment, I understand that false o		ed in my application				
Signature:							

Date: