

পশ্চিমবঙ্গ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর  
অধ্যক্ষের কার্য  
ডায়মন্ড হারবার গভর্নমেন্ট মেডিক্যাল কলেজ ও  
হাসপাতাল  
হরিণডাঙ্গা, নিউ টাউন, ডায়মন্ড হারবার  
দক্ষিণ ২৪ পরগণা, পশ্চিমবঙ্গ- ৭৪৩৩৩১  
দূরভাষ- (০৩১৭৪)-২৯৯-৯৫০  
ইমেল- diaharmc@gmail.com



Government of West Bengal  
Department of Health & Family Welfare  
Office of the Principal  
Diamond Harbour Govt. Medical College & Hospital  
Harindanga, New Town, Diamond Harbour  
South 24 Parganas, West Bengal- 743331  
Telephone: (03174)-299-950  
Email: diaharmc@gmail.com

Memo No.: DHGMC/2025/ 1941

Date: 15.7.25

### NOTIFICATION

The undersigned invites application from the candidates for the recruitment of **twenty five (25) NON – BONDED contractual Senior Residents** in various discipline at Diamond Harbour Govt. Medical College & Hospital. Interested candidates are directed to communicate the office of the undersigned along with filled up Proforma attached herewith along with the following documents (original and self-attested Xerox copies of each document) for **walk-in interview on 23.07.2025 (Wednesday) at 1 P.M. (Timing of submission of Proforma and verification of documents/ certificate :9.30 a.m - 12 noon)** at Academic Building, Central Library (2<sup>nd</sup> floor) of DHGMCH, Diamond Harbour. The initial engagement will be for the period of 6 month and renewal may be made for another 6 months after satisfactory performance.

**\*\*Documents list.**

1. Age proof.
2. All M.B.B.S. certificates and Mark Sheets.
3. M.B.B.S. attempt & internship certificates.
4. M.D. / MS / DNB / DIPLOMA certificates and Mark Sheet.
5. Updated registration no.
6. Aadhaar Card and Pan Card.
7. Gold medal / Honours certificates (MBBS & PG) if any.
8. Experience Certificate of SR Ship if any.
9. One passport sized photo.

### SENIOR RESIDENTS (NON – BONDED) CONTRACTUAL – 25 POSTS

SL NO	DEPARTMENT / DESCLIPNE	NO OF POSTS
1	ANAESTHESIOLOGY	02
2	BIOCHEMISTRY	02
3	CHEST MEDICINE	04
4	G & O	02
5	GENERAL MEDICINE (INCLUDING CCU )	05
6	GENERAL SURGERY	02
7	MICROBIOLOGY	01
8	OPHTHALMOLOGY	01
9	ORTHOPEDICS	01
10	PEAEDIATRIC MEDICINE (INCLUDING PICU)	03
11	PSYCHIATARY	02
TOTAL -		25 ( twenty five)

Important date and instruction –

1. Submission of Proforma with all said documents Xerox copy at receiving desk, DHGMC ON 23.07.2025 from 9.30 a.m - 12 noon.
2. Interview will be held on 23.07.2025 (Wednesday) at 1 p.m. at Academic building, Central Library (2<sup>nd</sup> floor) at DHGMC, Diamond Harbour.
3. The candidates must have passed MD/MS/DNB/DIPLOMA in the respective disciplines from recognized university of India.
4. The selection will be made on the basis of academic qualification and performance of the candidate before the interview board.
5. Age limit of the candidate is stipulated as not exceeding more than forty five (45) years as on date of appointment.
6. Wrong declaration/ submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage in addition to suitable legal action.
7. The Head of Institution reverse the right to change the number of vacancies, withdraw the process in full or in part and also the right to reject any or all application received without assigning any reasons or notice etc.
8. All original documents have to be produced before the interview board for verification.
9. The decision of the competent authority regarding selection of the candidates will be final and no representation will be entertain in this regard.
10. The tenure engagement can be terminated at any time by the Head of Institute without assigning any reasons or notice etc.
11. The Employee can also leave the Institute by giving 01 (one) month notice or salary in lieu thereof.
12. The Senior Residents recruitment policy of Govt. of West Bengal, Dept. of H & FW is also applicable.
13. Remuneration will be paid as per memo no – HF/O/MERT/251/ME/MISC-109-2025, dated 21/03/2025.
14. No T.A. /D.A. will be paid for attending the interview.

Principal

Diamond Harbour Govt. Medical College & Hospital  
Diamond Harbour, South 24 Parganas.

Principal  
Diamond Harbour Govt. Medical College & Hospital  
Diamond Harbour, South 24 Parganas.

Enclose: application form.

Memo No.: DHGMC/2025/1941 /1(10)

Date: 15.7.25

Copy forwarded for information and necessary action to:

1. The Director of Medical Education, Dept. of H&FW, Govt. of WB, Swasthya Bhawan, Kol- 91.
2. The Director of Health Service, Dept. of H&FW, Govt. of WB, Swasthya Bhawan, Kol- 91.
3. The MSVP, Diamond Harbour Govt. Medical College & Hospital.
4. The HOD, Concern Dept. . . . DHGMCH
5. Accounts Officers, DHGMC & DHGMCH.
6. The Treasury Officer, Diamond Harbour.
7. Sourav Ghosh, IT Cell, Dept. of H&FW, Govt. of WB, Swasthya Bhawan, Kol- 91.
8. IT Cell, DHGMCH.
9. In charge of central library, DHGMC, Diamond Harbour.
10. Office file.

PRINCIPAL

Diamond Harbour Govt. Medical College & Hospital  
Diamond Harbour, South 24 Parganas

Principal  
Diamond Harbour Govt. Medical College & Hospital  
Diamond Harbour, South 24 Parganas

Signature

Diamond Harbour Govt. Medical College & Hospital  
Diamond Harbour, South 24 Parganas

**Application for the post of Senior Residents (NON – BONDED) contractual**  
**DIAMOND HARBOUR GOVT. MEDICAL COLLEGE & HOSPITAL**  
**(FILL IN BLOCK LETTER)**

1. Name:
2. Father's Name:
3. Residential Address:

Village Town \_\_\_\_\_ P.O: \_\_\_\_\_  
P.S: \_\_\_\_\_ District: \_\_\_\_\_

PHOTO

PIN: \_\_\_\_\_, State: \_\_\_\_\_, Country: \_\_\_\_\_

4. Mobile Number: \_\_\_\_\_ 4.a: Pan no: \_\_\_\_\_
4. b: Aadhaar no: \_\_\_\_\_
5. Email ID (BLOCK LETTER): \_\_\_\_\_
6. Registration No: \_\_\_\_\_ 6.a: Date of Birth: \_\_\_\_\_

7. Subject Choice for Senior Residents (NON – BONDED) contractual:

8. Details of MBBS:

Name of the Institution & University	No of chance lost during MBBS course	MBBS Final Year marks obtained.	No of Gold Medals and Honours secured during MBBS course
		F.M- M.O-	

9. Details of MD/MS/DNB/DIPLOMA:

MD/MS/DNB/DIPLOMA	Name of the Institution & University	Number of chances taken to pass	Passing year	Marks obtained	Gold medal yes/no
				F.M- M.O-	

10. Experience of SR Ship if any:

Sl No	Name of the Institute/Organisation	Type of Institute/Organisation (Govt. or Private)	From Date	To Date	Total duration in year

**CHECK LIST FOR THE POST OF NON – BONDED SENIOR RESIDENT**

(Put tick mark (✓) wherever applicable)

1. Self-attested Xerox copies of Age proof
2. Self-attested Xerox copies of All M.B.B.S. Mark Sheets
3. Self-attested Xerox copies of M.B.B.S. certificates
4. Self-attested Xerox copies of M.B.B.S. attempt certificates

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| 5. Self-attested Xerox copies of M.B.B.S. internship certificates                      | <input type="checkbox"/> |
| 6. Self-attested Xerox copies of M.D. / MS / DNB / DIPLOMA certificates                | <input type="checkbox"/> |
| 7. Self-attested Xerox copies of M.D. / MS / DNB / DIPLOMA Mark Sheet                  | <input type="checkbox"/> |
| 8. Self-attested Xerox copies of Updated registration Certificate                      | <input type="checkbox"/> |
| 9. Self-attested Xerox copies of Aadhaar Card  | <input type="checkbox"/> |
| 10. Self-attested Xerox copies of Pan Card   | <input type="checkbox"/> |
| 11. Self-attested Xerox copies of Gold medal / Honours certificates (MBBS & PG) if any | <input type="checkbox"/> |
| 12. Self-attested Xerox copies of Experience Certificate of SR Ship if any             | <input type="checkbox"/> |
| 13. One passport sized photo   | <input type="checkbox"/> |

**Declaration:**

1. I do hereby declare that the above mentioned information are true to the best of my knowledge and belief. If any of the information is found incorrect or false at any stage of recruitment process then the authority has the right to reject my candidature.
2. I hope you will give me an opportunity to serve you to the best of my ability and knowledge.
3. The Head of Institution reverse the right to change the number of vacancies, withdraw the process in full or in part and also the right to reject any or all application received without assigning any reasons or notice etc.

Thanking you

Place:

Date:

\_\_\_\_\_  
(Signature of the Applicant)

**For office use only**

**Remarks of examiner / interview board member:**

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**Signature in full with designation,  
Department and Departmental stamp  
of examiner / interview board member.**