Government of West Bengal
Department of Health & Family Welfare
Office of the Medical Superintendent-cum-Vice Principal
Malda Medical College & Hospital, Malda.
P.S.-English Bazar, Dist.-Malda, PIN-732101
E-mail:msvp.maldamc-wb@gov.in

Memo No.- MSVP/MMCH/ 7397 *Dated: Malda, the 16/09/2025.*

www.maldamedicalcollege.co.in/www.wbhealth.gov.in

ADVERTISEMENT

Walk-in-interview for Re-employment of retired Facility Manager on contractual basis.

In pursuance of the notification: HF/O/HS(MA)/82/HFW-43011(18)/3/ 2019- Admin Sec dated Kolkata 17th January, 2025 issued by Sr. Special Secretary to Dept. of H& FW, Government of West Bengal, applications are hereby invited in prescribed format (enclosed herewith) from eligible candidates for re-employment of FOUR (4) retired Facility Manager (Erstwhile Ward Master) on contractual basis for the period of 1 (one) year after expiry of current tenure with effect from date of joining on engagement or filling up of posts on regular basis or attainment of 65 (Sixty Five) years of age whichever is earlier, at a consolidated remuneration of Rs. 14000/- (Fourteen Thousand Only) per month with due observance of F.D. Memo No. 6093-F dated 25/11/2016. This order is issued with the concurrence of Finance Department vide their U.O. No. Group P2/2024-2025/0964 dated 13/01/2025 and pay shall be drawn under head "02-wages".

The Selection criteria for re-employment of retired Facility Manager are as follows:

1. Retired Facility Manager within age limit 65 (Sixty-five) years are eligible.
2. Candidate must be physically fit.
3. Candidate must be having a good record of performance during service period.
4. The less will be the age; the more will be the chance of selection for the re-employment.

The following documents are required:

1. **Documents supporting age proof (must be issued from competent authority).**
2. **P.P.O Copy.**
3. **Documents supporting retirement/ superannuation**
4. **Medical fitness certificate.**
5. **Proof of address (Passport/ Aadhar/ Voter/ Ration Card)**

Date, Time and Venue of Walk-in interview:

1. Date and Time: 15.10.2025 at 11.30 a.m. (Reporting time-by 11.30 a.m. sharp)
2. Venue: Office of MSVP, Malda Medical College& Hospital, Malda

Note: 1. You are also requested to read the attached notification issued from competent authority before applying for the interview. 2. Application format is attached with this notice. Please bring two copies of duly filled application along with all self-attested testimonials/documents. 3. In case of any dispute/ambiguity that may occur in the process of selection, the decision of the Selection committee shall be final. 4. In case the report(s) with regard to his/her conduct, character, antecedents, health etc. is found to be unsatisfactory, the appointment shall be cancelled/terminated forthwith. 5. Any fake documents, providing false or misleading information or canvassing in any manner on the part of the candidates shall be lead to his/her disqualification.

16/09/25

Medical Superintendent cum Vice Principal
Malda Medical College & Hospital, Malda

O/C

Memo No.- MSVP/MMCH/ 7397/1(17) *Dated: Malda, the* 16/09 */2025*

Copy forwarded for information to

1. The Director of Health Service, Govt. of West Bengal.
2. The Director of Medical Education, Govt. of West Bengal.
3. The Sr. Special Secretary, Department of Health & Family Welfare, Govt. of West Bengal
4. The Principal, MMC, Malda.
5. The Additional Medical Superintendent, MMC&H, Malda.
6. The Chief Medical Officer of Health, MALDA
7. The HOD's(All), MMC&H, Malda.
8. The Deputy Superintendent (NM), MMC&H, Malda.
9. The Account Officer, MMC&H, Malda..
11. The Assistant superintendent (NM), MMC&H, Malda.
10. The Nursing Superintendent, MMC&H, Malda.
12. The I.T. Co-coordinator, IT Cell, Swasthya Bhawan, Salt Lake - with requesting to display its web posting in the department official's website under the sub module" RECRUITMENT".
13. Head Clerk (Establishment Section/Account Section), MMC&H, Malda.
14. IT Personnel to upload MMC&H. college portal.
15. NOTICE BOARD of the office of the Principal, MMC, Malda.
16. NOTICE BOARD of the office of the undersigned, MMC&H.
17. Office Copy.

16/09/25

Medical Superintendent cum Vice Principal
Malda Medical College & Hospital, Malda

To
The Chairperson
Selection Committee
Malda Medical College & Hospital
Malda-732101

Self-Attested Photo of the Candidate

Sub: - Application for re-employment to the post of Facility Manager (Erstwhile Ward Master) on contractual basis.
Ref: - Advertisement/Notice Memo No.- 7397 Dated:— 16/09/2025

Respected Sir,

I have come to know from reliable sources i.e. www.wbhealth.gov.in/www.maldamedicalcollege.co.in that your Institute is going to re-employment Facility Manager (Erstwhile Ward Master) on contractual basis for the period of one year or till regular recruitment is made, whichever is earlier. I would like to apply for the same. I am herewith attaching all self-attested testimonials for kind consideration.

BIODATA

Name	
Name of Father/Mother	
Date of Birth	
Date of Birth (as stood on 01/01/2025)	
Mobile No.	
Email Address	
Present Address	
Permanent Address	
Date of Superannuation/Retirement (attached PPO)	
Last Health Office Name	
Are you physically fit (yes or no)? If yes (copy attached)	
Nationality	
Are you employee (State Government or Central Government, please mention)	
Marital Status	
Qualification	

Details of previous re-employment, if any (to be recorded in the table with supporting documents)

Sl. No.	Period of previous re-employment		Order No. & Date	Posted as (Designation)	Place of Posting
	From	To			

The above statements are true to the best of knowledge and belief. My candidature will be terminated/cancelled if any of the statement or documents is/are found incorrect or false at any stage of re-employment process.

Date:
Place:

Yours faithfully,
Signature of Applicant

CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letter): - _____

Father's Name: - _____

Height:_____Weight: _____Chest: _____

Heart & Lungs: _____

Vision: - L: _____ R: _____

ColourVision: _____

Hearing: _____

Hernia/Hydrocele/Piles: _____

Remarks: _____

I certify that I have carefully examined Sri/Smt_____

Son/Daughter of Sri: _____who has signed in my Presence.

He/She have no Mental and Physical disease and is fit.

_____ _____

Signature of Candidate Signature of Medical Officer/Practitioner with Legible Seal

Place: Registration No: _____

Date:

Prescribed Medical Standards For Admission

The candidate should Possess good health and Physique with sound Mind. He / She should not be suffering from any disease, Physical or mental infirmity.

Competent Authority for issuing medical certificate

Registered Medical Practitioners/ Government Medical officer /Medical officer of a Government Undertaking With Seal and registration number of the certifying medical officer/Practitioner.