



GOVT. OF WEST BENGAL  
OFFICE OF THE SUPERINTENDENT

## NORTH 24 PARGANAS DISTRICT HOSPITAL

Fax: 25621651

BARASAT - 700 124

e-mail: [barasat.hospital@gmail.com](mailto:barasat.hospital@gmail.com)

Memo No: BH/11/ 1871

Date: 20.6.11

To *Informatives*  
The District ~~Information~~ Officer  
North 24 Parganas  
Barasat

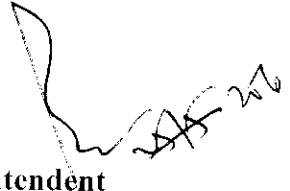
Sub: Publication of selection of House staff for North 24 Parganas District Hospital, Barasat.

Enclosed please find herewith a CIRCULAR for publication necessary in the website-  
[www.north24parganas.gov.in](http://www.north24parganas.gov.in) and local daily news papers immediately.

The last date of submission of application is on 30.06.11.

Your cordial co-operation will be highly appreciated in this respect.

Enclosure: CIRCULAR

  
Superintendent  
North 24 Parganas District Hospital  
Barasat



GOVT. OF WEST BENGAL  
OFFICE OF THE SUPERINTENDENT

## NORTH 24 PARGANAS DISTRICT HOSPITAL

Fax: 25621651

BARASAT - 700 124

e-mail: [barasat.hospital@gmail.com](mailto:barasat.hospital@gmail.com)

Memo No: BH/11/1874

Date: 20.06.11

### CIRCULAR

The regional Selection of House staff for North 24 Parganas District Hospital, Barasat under Department of Health & Family Welfare, Govt. of West Bengal, will be held on 1<sup>st</sup> July, 2011 at Superintendent's Office of North 24 Parganas District Hospital, Barasat at 12 noon from the graduates who have passed their MBBS Course and had completed their internship tenure of one year prior 31<sup>st</sup> March 2011, from different Medical Colleges. Eligible candidate are requested to apply in pro-forma given below within due date of selection to Superintendent, North 24 Parganas District Hospital, Barasat. This circular will be displayed in the notice board of different Govt. Institution of Barasat, North 24 Parganas as well as in the website- [www.north24parganas.gov.in](http://www.north24parganas.gov.in)  
Fresh batch will be given preference.

### PROFORMA FOR SELECTION OF HOUSE STAFF SHIP

Name of the Candidate .....

Address.....

Contact No.....

Date of birth.....

Name of the Institution wherefrom he/she passed.....

The date of completion of internship with the name of the Institute (Completion Certificate to be enclosed). .....

The Name of the Medical Council & Registration No. wherein he is registered .....

The following pro-forma is filled up according to Mark Sheet:

Full name of the eligible Candidates	Gen. Med. (% of marks)	Gen. Surg. (% of marks)	G & O (% of marks)	Ped. Med. (% of marks)	Eye (% of marks)	E.N.T (% of marks)

The above mentioned information's are true as per my best knowledge & belief.

Signature of the Applicant