



SYAMA PRASAD MOOKERJEE PORT  
KOLKATA  
श्यामा प्रसाद मुखर्जी पोर्ट, कोलकाता  
15, STRAND ROAD  
१५ स्ट्रैंड रोड  
KOLKATA - 700001  
कोलकाता - ७००००१

फैक्स/FAX:(033)22306212  
फ़ोन/PHONE(033)71012200  
एक्सटेंशन /EXTN - 2309

वित्त विभाग/FINANCE DEPT.

**Subject:** Engagement of 2(Two) no. of Sr. Accounts Officers on Contractual basis.

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Applications are invited from the Qualified Chartered Accountants / Qualified Cost & Management Accountants for engagement as Sr. Accounts Officer on contractual basis. The remuneration would be Rs. 45,000/- per month.

The incumbent is required to work full time i.e. 9.30 a.m. to 5.30 a.m. (which may be extended depending on work requirement) upto 6 days in a week. The incumbent will be entitled to 15 days leave giving a year which may be availed of in a proportionate manner commensurate with the period of completed month of service. Additional Leave to the extent of 10 days on medical ground may also be granted. Medical facility at SMP Hospital for self would be extended without reimbursement of medicine / medical articles / diagnostics test.

Applications in the attached format along with the enclosures may be sent to the following e-mail address within 15/07/2021.

[recruitment.fa@kolkataporttrust.gov.in](mailto:recruitment.fa@kolkataporttrust.gov.in)

Application received after due date will not be entertained.

**APPLICATION FORM**  
**FOR DEPLOYMENT OF SR. ACCOUNTS OFFICER**

***(Note: Any column left blank will make the application incomplete and liable for rejection. Application received after due date will not be entertained)***

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To  
THE FINANCIAL ADVISER  
& CHIEF ACCOUNTS OFFICER,  
SYAMA PRASAD MOOKERJEE PORT, KOLKATA,  
15, STRAND ROAD,  
KOLKATA – 700 001.

Please affix your  
current  
photograph

1(a) Name (in full) : \_\_\_\_\_

(b) Father's / Husband's Name  
(in full) : \_\_\_\_\_

2. Present Address for  
communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4(a) Mobile No. : \_\_\_\_\_  
e-mail Address : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

8. Nationality : \_\_\_\_\_

9. Educational / Professional Qualifications :

Qualification	Name of Institutions	Year of passing

**(Self attested Mark sheets / Certificates are required to be attached)**

**DECLARATION**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements, my candidature / appointment is liable to be cancelled / terminated.

Date :  
Place :

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Signature of the Applicant