DHUPGURI, DIST- JALPAIGURI, WEST BENGAL 735210

ধূপশুড়ি পৌরুসভা

ধূপশুড়ি, জেলা : জলপাইশুড়ি , পশ্চিমবশু - ৭৬৫২১০

Email: dhupgurimunicipality@gmail.com | WhatsApp or Call – 89721-66333

Memo No: 1136 / VII/SI/H/DPGM / Health / 2020 Dated, Dhupguri the 18th day of December, 2020

Employment Notice No: 01 / DPGM / HEALTH / 2020

Applications as prescribed format are invited from eligible persons for appointment of Health Officer on Contractual Basis as detailed below, under Dhupguri Municipality, Dhupguri, Dist- Jalpaiguri, West Bengal.

S.No.	Name of the Post	No. of Vacancy	Eligibility
01	HEALTH OFFICER	1(ONE) Unreserved	 Medical qualifications included in the First or Second Schedule or Part-II of the Third Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of two years practicing experience. Age limit: Not More than 62 Years as on 1st January 2020 Proficient with Computer applications and documentation skill along with fluency in English and Bengali or local languages of the State of West Bengal

Terms and Conditions:-

- 1. The Contractual remuneration of the Health Officer will be fixed at Rs. 40,000/- (Forty Thousand) Only per Month.
- 2. The Health Officer shall be engaged on contract initially for a period of 1(one) year.
- 3. The Candidate will have to apply in the prescribed Application format which enclosed herewith.
- 4. Application format is to be downloaded from the website of Dhupguri Municipality <u>www.dhupgurimunicipalityorg.in</u> and West Bengal State Urban Development Agency's (SUDA) Website <u>www.sudawb.org</u>
- 5. Candidate should enclose self attested photocopies of the age proof and relevant certifications.
- 6. NOC requires for those applicants who are working in any organization / Institution / Government establishment.
- 7. The candidates have to submit their applications through email only at ho.dhupgurimunicipality@gmail.com and all documents have to be scanned along with the application form in PDF format.
- 8. All communication with candidates will be made through e-mail only: ho.dhupgurimunicipality@gmail.com
- 9. The last date for submission of application is 06.01.2021 (6th January 2021) within 05:00 PM or 17:00 Hrs.
- 10. Eligible candidates will be invited for an interview to be conducted by the Authority and selection committee.

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Smt. Bharati Barman, Chairperson For and behalf of Board of Councillors' Dhupguri Municipality, Dist- Jalpaiguri

Memo No: 1136/1(5) / VII/SI/H/ DPGM / Health / 2020

Dated, Dhupguri the 18th day of December, 2020

Copy forwarded for information and request for wide publication to:-

- 1. The Director, SUDA, HC Block, Salt Lake, Kolkata- 700106
- 2. The District Magistrate, Jalpaiguri, West Bengal
- 3. The Chief Medical Officer of Health, Jalpaiguri, West Bengal

Smt. Bharati Barman, Chairperson

Visit us on: www.dhupgurimunicipality.org.in Email: dhupgurimunicipality@gmail.com WhatsApp / Tel: 89721-66333 / 94345-92392

Application send to email: ho.dhupgurimunicipality@gmail.com

APPLICATION FORM

To The Chairperson,

Dhupguri Municipality

PO+PS: DHUPGURI, PIN- 735210, W.B

Email: ho.dhupgurimunicipality@gmail.com

Affix Self attested recent color passport size photo

Application for the post of Health Officer

1)	Full Name (In Capital Letters):
2)	Father's / Husband's Name (In Capital Letters):
3)	Gender: Male /Female / Others
4)	Date of Birth (DD/MM/YYYY) :
5)	Nationality:
6)	Present Address for communication (in Capital Letters)
	VILL,P.O
	P.S, DIST
	STATE, PIN
7)	Permanent Address (in Capital Letters)
	VILL,P.O
	P.S, DIST
	STATE, PIN
8)	Contact No. :
9)	E-mail ID :

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IV.) Academic	Qua	mications	•

SI	Examination	Board /Council/University	Year of	Total	Marks	Percentage
No.	Passed		Passing	Marks	Obtained	

11) 4	Additional Quali	fication (if a	ny) :				
12) V	Vorking Experie	ence (if any) :					
SI No	Name of the O	rganization	Name of the		Date of Joining	Date of Leaving	Total Working Period (in years)
do have	hy declare that a	Il the inform	otion stated in a	this and	ication for	n ara tura In	agge any of my
nformat elevant	eby declare that a ion furnished and documents in sup ate authority at ar	d document a	attached hereto ligibility criteria	is found	I to be not	true and if I	fail to produce
Date:	-	-			-		
Place :							
					Full	Signature of	the Applicant