OFFICE OF THE BOARD OF COUNCILLORS COOCH BEHAR MUNICIPALITY

Email: chairmancbm@gmail.com

COOCH BEHAR

Memo No : Health/2395/CBM-24

Date:18.07.2024

Phone: 03582-295070

Engagement Notice

Applications are invited from Indian Citizen domiciled in West Bengal for recruitment to the following post on Contract basis under NUHM of Cooch Behar Municipality as per the particulars mentioned below through Walk-In-Interview.

Applicants are invited <u>Offline</u> for the below mentioned posts vide office memo bearing no. SUDA-12017(18)/1/2021/5023, dated 08.07.2024 of Additional Secretary to the Govt. of WB, Urban Development & Municipal Affairs Department, Nagarayan and Additional Director, SUDA, Kolkata. The eligible candidate will have to sit for an interview to be conducted by the Selection Committee through <u>Walk-In-Interview on 6th August, 2024 at 11 a.m.</u> at the Chamber of the Chairman of Cooch Behar Municipality, Cooch Behar.

Documents needs to be carried:

- 1) Curriculum Vitae
- 2) Documents of Educational Qualification
- 3) D.O.B. Proof (Admit Card of Secondary Education/Birth Certificate)
- 4) 2 copies of recent Passport size Photograph
- 5) Photo ID Proof (Aadhar/voter/Driving License)
- 6) Address Proof (Aadhar/voter/Driving License/Passport)
- 7) Experience Certificate (depends on the eligibility criterion)

| SI No. | Name of the post | No. of post | Eligibility | Monthly Remuneration | Type of appointment |
|-----------|-------------------|-------------------|--|---|--|
| 1. | Health Officer | 01 | The applicants must have the medical qualifications included in the 1 st or 2 nd schedule or part – 2 of the 3 rd schedule of Indian Medical Council Act – 1956 and registration as Medical Practitioner of West Bengal with desirable qualification of 2 years practicing experience and must not be more than 62 years as on 1 st January, 2024. | Rs.62,000/- (Rupees Sixty two thousand) only per month | Contractual basis initially for a period of 1 (one) year |

Chairman,

Cooch Behar Municipality,

Cooch Behar.

Chairman Cooch Behar Municipality Cooch Behar

APPLICATION FORMAT (The application should be filled up in CAPITAL Letters only)

| 1. Nam | e of Applicant | : | | Affix Recen |
|----------------------------|---|--|-----------------|--------------|
| - | ck Letter] | | | Passport Siz |
| 2. Fath | er/Husband's Name | | | Photograp |
| , | | | | |
| 3. Cate | gory | | | |
| 4. Date | of Birth | | | |
| 5. Age | as on [01/01/2024] | | | |
| 6. Male | e/Female : | | | |
| 7. Pern | nanent Address : | | | |
| Q Dros | ent Address : | | | |
| o. PIES | ent Audress | | | |
| 10. | tact No : a) Telep | | obile No. : | |
| | | | Year of Passing | |
| | Educational Qualificati | on: | | |
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| 10. 11. 12. 13. | PASSED Nationality Extra Curriculum Activ Experience (Where ne | Name of Board/ University ities cessary) | Year of Passing | % of Marks |
| 10. 11. 12. 13. | PASSED Nationality Extra Curriculum Activ Experience (Where ne | Name of Board/ University ities cessary) ire that information furnished by m | Year of Passing | % of Marks |
| 11. 12. 13. Declibelief in | PASSED Nationality Extra Curriculum Activ Experience (Where ne | Name of Board/ University ities cessary) ire that information furnished by mod to be false subsequently my cand | Year of Passing | % of Marks |