

OFFICE OF THE BOARD OF ADMINISTRATORS

DHULIYAN MUNICIPALITY



Address: - Dhuliyon Main Road, Po-Dhuliyon, Dist.-Murshidabad, Pin-742202(W.B.)

E-mail: dhuliyonmunicipality@gmail.com // BOA Chairperson☎: +91 9732589309

Memo No.545-Health/DM

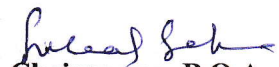
Date:03.12.2020

Applications as prescribed format are invited from eligible persons for appointment to the post mentioned below:-

Sl No	Name of The Post	No. of Vacancy	Eligibility
1.	Health Officer	1 (Unreserved)	<ol style="list-style-type: none">1. 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 practicing experience.2. Age –Limit – not more than 62 years as on 01st January , 2020

Terms and Condition:

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 period of 1(one) year.
3. The Candidates will have to apply in the prescribed Application Format
4. Application Format is to be downloaded from the Website of Dhuliyon Municipality, www.dhuliyonmunicipality.in and SUDA Website , www.sudawb.org
5. Candidate should enclose self-attested photocopy of the age proof certificate with the application
6. NOC requires for those applicants who are working in any organization / Government.
7. The Candidates have to submit their applications through e-mail only at dhuliyonrecruitment@gmail.com . All documents have to be scanned along with the application from in PDF format.
8. All communication with candidates will be made through e-mail only.
9. The Last Date for submission of application is - 18.12.2020 within 5.00 PM
10. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.


Chairperson, B.O.A.,
Dhuliyon Municipality
&


Chairman of the Selection Committee

Memo No. 545(9)Health/DM Date: 03.12.2020

Copy forwarded for information and necessary action to:-

1. The Director, State Urban Development Agency
2. The District Magistrate, Murshidabad
3. The Chief Medical Officer of Health, Murshidabad
4. Executive Officer, Dhuliyon Municipality
5. Finance Officer, Dhuliyon Municipality
6. Head Clerk , Dhuliyon Municipality
7. Nodal Officer – Health, Dhuliyon Municipality
8. IT coordinator, Dhuliyon Municipality, with the direction to publish the above-mentioned Employment Notice and Application Format in the official website of Dhuliyon Municipality & SUDA, WB.
9. Notice Board, Dhuliyon Municipality

Chairperson
Board of Administrators
Dhuliyon Municipality


Chairperson, B.O.A.,
Dhuliyon Municipality
&

Chairman of the Selection Committee

Chairperson
Board of Administrators
Dhuliyon Municipality

APPLICATION FORM

To
The Chairperson,
Board of administrators
Dhuliyān Municipality
P.O. – Dhuliyān, Dist. – Murshidabad
West Bengal - 742202

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 :.....

10) Academic Qualifications :

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

11) Additional Qualification (if any) :

.....
.....

12) Working Experience (if any) :

Sl No	Name of the Organization	Name of the post	Date of Joining	Date of Leaving	Total Working Period (in years)

I do hereby declare that all the information stated in this application form are true. In case any of my information furnished and document attached hereto is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

Date :**Place :**

Full Signature of the Applicant