DHUPGURI MUNICIPALITY

DHUPGURI, DIST- JALPAIGURI, WEST BENGAL 735210

ধূপশুড়ি পৌরসভা

ধূপশুটি, জেলা : জলপাইশুটি , পশ্চিমবস্ত্র - ৭৬৫২১০

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

Memo no.898/Admin/Health/2022

Dated, Dhupguri the 24th day of November, 2022

Employment Notice No: 03/DPGM/HEALTH/2022

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. 62,000/- (Sixty two 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.dhupgurimunicipality.org.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 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:- dhupgurimunicipality@gmail.com
- 9. The last date for submission of application is 09.12.2022 (9th December 2022) 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, BOA Dhupguri Municipality

Memo no.898/1(3)/Admin/Health/2022

Dated, Dhupguri the 24th day of November, 2022

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, BOA Dhupguri Municipality

Visit us on: www.dhupgurimunicipality.org.in Email: dhupgurimunicipality@gmail.com

WhatsApp / Tel: 89721-66333

Application send to email: dhupgurimunicipality@gmail.com

APPLICATION FORM

To The Chairperson,

Dhupguri Municipality

PO+PS: DHUPGURI, PIN- 735210, W.B Email: 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: |
| 5) | 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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Place:

| Sl No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|-----------|-----------------------|---------------------------|--------------------|----------------|-------------------|------------|
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| 11) Additional Qualification (if any) : | | | | | | | | | |
|---|-----------------|---|--------------|-----------------------------------|-----------------------|------------------------------|--------------------|---------------------------------|----|
| 12) Working Experience (if any) : | | | | | | | | | |
| | SI No | Name of the C | Organization | Name of th | e post | Date of Joining | Date of Leaving | Total Working Period (in years) | |
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| 100 | | | | | 100 | | | | |
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| Date: | | | | | | | | | |

Full Signature of the Applicant