

Office of the Board of Administrators
Raghunathpur Municipality
PO+PS : Raghunathpur, Dist.-Purulia PIN 723133
Email: raghunathpur.ulb@gmail.com : Mobile No.7908609584

Memo No: RM/Health/493

Date: 27/11/2020

ENGAGEMENT NOTICE

Applications are invited from eligible candidates for engagement to the post of Health Officer (on contractual) to be posted at Raghunathpur Municipality, Dist.-Purulia. Details are given in the table below:-

Type of post	Health Officer
No. of post	01(One)
Qualification	Essential: Medical Qualification 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 experiences.
Age	Not exceeding 62 years as on 01.01.2020
Process of Selection	Interview to be conducted by the Selection Committee
Remuneration	Rs.40000.00 Per Month

The above mentioned post is purely contractual in nature for a period of one year. The selection will be done on the basis of guidelines of Urban Development & Municipal Affairs Department, Govt. of WB (i.e. - Interview).

The candidates may apply only in the FORMAT annexed herewith on A4 size plain paper. The following documents must be annexed with application –

1. One Self Attested Photograph pasted on proper place of application format.
2. Self Attested photocopies of –
 - a. Admit of Madhyamik / Equivalent (as proof of Age)
 - b. Voter / ADHAAR Card (as proof of Address & Photo Identity)
 - c. **All necessary Marksheet of all educational qualification starting from Madhyamik/Equivalent.**
 - d. Experience Certificate (Offer/Joining Letter will not be treated as proof of experience) from appointing authority properly mentioning joining date, tenure and date of resignation/retirement (if applicable).
 - e. NOC of Employer wherever applicable.

Application (in PDF) should send to the Municipality's Mail ID: raghunathpur.ulb.recruitment@gmail.com only within 5 PM on or before 15/12/2020 positively and an acknowledgement will be sent to the applicant by return mail for confirmation from this end. **No other means of submission of application shall be considered.**

Detailed schedule of interview and list of eligible candidates to appear for such interview will be published in the Notice Board of the Office of the Municipality and also in the websites. Eligible candidates will also be informed through web/sms/email. The candidates must have to produce original documents of educational qualifications and others with the application before the interview board.

M. M. M. M.
Chairperson

Raghunathpur Municipality
Board of Administrators
Raghunathpur Municipality

APPLICATION FORMAT

To,
The Chairperson,
Raghunathpur Municipality,
AT,PO & PS- Raghunathpur
Dist-Purulia,Pin-723133

Paste recent
Passport size
photograph duly
signed across

APPLICATION FOR THE POST OF HEALTH OFFICER

Sir,

In response to your advertisement notice no. _____ Date _____ for the post of Health Officer, I prefer myself as a candidate. Details of my BIO-DATA is given below :

1. Name (IN BLOCK LETTERS) :
2. Father's Name :
3. Husband's Name (for married female) :
4. Date of Birth (DD/MM/YYYY) :
5. Sex :
6. Marital Status :
7. Caste / Category (Put Tick Mark) : GEN SC ST OBC-A OBC-B PH
8. Address (as mentioned in EPIC/ADHAAR) :
9. Mobile Number :
10. e-Mail ID :
11. Qualification Details :

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage
01	Madhyamik / Equivalent					
02	HS / Equivalent					
03	Medical Qualification /: Medical Qualification 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					
04	Others (give details)					

11. Experience Details

:

Sl. No.	Details of employer (Organisation Name & Address)	Joining Date	Working Tenure (In complete Years)	Designation & JOB DESCRIPTION
01				
02				
03				
04				
05				

Declaration

I do hereby declare that particulars furnished above are all correct.

Place :

Date :

Signature of Applicant