

# Mekliganj Municipality

**P.O. Mekliganj, Dist :Coochbehar**

Phone No. (03584)255249, 255480, 255458, Fax No. :(03584) 255249. Email : mekliganj.m@gmail.com

Memo No. 1090/MM/TGE-08/25-26

Date. 10/09/2025

## Walk-in-interview

A walk-in interview for the post of Health Officer(Contractual) will be conducted on 23.09.2025 (Tuesday) at 12:00 noon in the chamber of the Chairman, Mekliganj Municipality. Interested candidates are requested to bring all relevant testimonials along with 2 (Two) sets of Self-attested photocopies of the same and 2 (Two) copies of passport size photographs.

Details are given in the table below:

|                      |   |
|----------------------|---|
| NAME OF THE POST     | HEALTH OFFICER (Contractual)  |
| NUMBER OF POST       | UR-01   |
| QUALIFICATION        | The applicant must have medical qualification included in the 1 <sup>st</sup> or 2 <sup>nd</sup> schedule or part -2 of indian medical council act- 1956 and registration as medical practitioner of West Bengal with desirable qualification of two year practicing experiences. |
| AGE                  | Not exceeding 62 years.   |
| PROCESS OF SELECTION | Interview to be conducted by selection committee.   |
| REMUNERATION         | Rs- 62000.00 per month.   |

### General Instructions:-

- 01.The contractual remuneration of health officer will be fixed at Rs. 62000/- only per month
02. Health officer shall be engaged on contract initially for period of **01(one)** year.
- 03.NOC required for those applicants who are working in any organisation/government.
- 04.The candidate will have to come with duly filled prescribed format available in our website ([www.mekhliganjmunicipality.org](http://www.mekhliganjmunicipality.org) & [www.sudawb.org](http://www.sudawb.org))

  
Chairman

Mekliganj Municipality  
Mekliganj , Coochbehar

Memo No.....

Date.....

Copy forwarded for kind information and necessary action:

01. The Director SUDA, ILGUS BHAVAN, HC BLOCK, SEC-III, Bidhannagar, Kolkata-700106, WB
02. The District Magistrate, Coochbehar
03. The Sub Divisional Officer, Mekliganj
04. The CMOH, Coochbehar
05. The Vice-Chairman, Mekliganj Municipality
06. The Executive Officer, Mekliganj Municipality
07. The Finance Officer, Mekliganj Municipality
08. The Head clerk in charge, Mekliganj Municipality
09. The Sanitary Inspector , Mekliganj Municipality
10. The IT Co-ordinator, Mekliganj Municipality, with a request to upload the application format in the Municipality official website.
11. Office Notice Board, Mekliganj Municipality

  
Chairman

Mekliganj Municipality  
Mekliganj , Coochbehar

# APPLICATION FORM

To

**The Chairman ,  
Mekliganj Municipality  
Mekliganj , Coochbehar**

Affix self attested  
recent color  
passport size  
photo

## Sub:-Application for the post of Health Officer in Mekliganj Municipality.

1) Full Name ( In Capital Letters) :

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2) Father's / Husband's Name ( In Capital Letters) :

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3) Gender : Male ☐ /Female ☐ / Others ☐

4. Category ( Along with Sub-category , if any).....

4) Date of Birth (DD/MM/YYYY) :.....

5) Nationality : .....

6) ADDRESS OF  
CORRESPONDENCE:.....  
.....  
.....

7) Permanent Address (in Capital Letters)

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8) CONTACT DETAILS:

MOBILE NO..... LAND LINE NO.....

EMAI ID .....

9. ACADEMIC QUALIFICATION:

| SL NO | SCHOOL/BOARD/UNIVERSTY/ INSTITUTE | DEGREE/DIPLOMA | YEAR OF PASSING | PERCENTAGE OF MARKS OBTAINED. |
|-------|-----------------------------------|----------------|-----------------|-------------------------------|
|       |                                   |                |                 |                               |
|       |                                   |                |                 |                               |
|       |                                   |                |                 |                               |
|       |                                   |                |                 |                               |

10. ADDITIONAL QUALIFICATION

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11. PRESENT OCCUPATION ( IF ANY )

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12.NAME AND ADDRESS OF PRESENT EMPLOYER/ORGANIZATION

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13. EXPERIENCE (IF ANY)

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**DECLARATION: 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 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 Section/Recruitment process.**

Date:

Place: