

OFFICE OF THE
BALURGHAT MUNICIPALITY



SOVA MAJUMDER SARANI
BALURGHAT : DAKSHIN DINAJPUR

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website : www.balurghatmunicipality.org

Memo No. 508 /G-8

Date. 11.06.2021.

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)	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 1 st January ,2021

Terms and Condition:

1. The contractual remuneration of the Health officer will be fixed at Rs.62000.00 (Rupees sixty-two 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.
Application Format is to be downloaded from the Website of Balurghat Municipality i.e. www.balurghatmunicipality.org and Website of SUDA i.e. www.sudawb.org
4. Candidate should enclose self-attested photocopy of the Age, Address Proof & Qualification etc. certificate with the application.
5. NOC requires for those applicants who are working in any organization / Government.
6. The Candidates have to submit their applications through e-mail (nuhmbm@gmail.com) or by post only.
All documents have to be scanned along with the application from in PDF format.
7. All communication with candidates will be made through e-mail or phone only.
8. The Last Date for submission of application is – 25.06.2021 within 5.00 PM. After 5.00 PM no application received by mail or by Post.
9. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

[Signature]
Chairperson, 11.06.21

Board of Administrators
Balurghat Municipality

Date. 11.06.2021.

Memo No. 508 /1(12)/G-8

Copy forwarded for information and necessary action to :-

- 1) The Director, State Urban Development Agency, Ilgus Bhawan, HC-Block, Sector-III, Bidhannagar, Kolkata-106.
- 2) The District Magistrate, Dakshin Dinajpur District. Balurghat.
- 3) The Chief Medical Officer of Health, Dakshin Dinajpur District. Balurghat.
- 4) The Sub-Divisional Officer, Balurghat Sadar, Dakshin Dinajpur, Balurghat.
- 5) All the Member, Board of Administrators, Balurghat Municipality.
- 6) The Executive Officer, Balurghat Municipality.
- 7) The Finance Officer, Balurghat Municipality.
- 8) The Office Superintendent, Balurghat Municipality.
- 9) The Accountant, Balurghat Municipality.
- 10) Shri Amitava Chanda, In-Charge Balurghat Pura Hospital (Matrisadan), Balurghat.
- 11) The IT.Coordinator, Balurghat Municipality
Please upload this matter to the official website of Balurghat Municipality.
- 12) The Municipal Notice Board, Balurghat Municipality.

[Signature]
Chairperson, 11/06/21

Board of Administrators
Balurghat Municipality

Date. 11.06.2021.

APPLICATION FORM

To
The Chairperson,
Board of Administrators,
Balurghat Municipality,
P.O & P.S. Balurghat,
Dakshin Dinajpur,
PIN-733101

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: _____ Age (As on 1st January 2021): _____
- 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 here to 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