



OFFICE OF THE BOARD OF COUNCILLORS OF BANSBERIA MUNICIPALITY

Rudra Main Road, P.O. Bansberia, P.S.-Mogra, Dist. Hooghly, West Bengal, PIN:- 712502

Ph. No.:- 033-26346324, Fax No.:- 033-26346806, email address:- bansb_04@yahoo.com



Memo No.:- H/759

Dated:- 26.12.2025

From:- Chairman
Bansberia Municipality.

To:-

EMPLOYMENT NOTICE

In terms of no. 1506-UDMA-11012(99)/45/2021 DT. 27.06.2025 of the Special Secretary to the Govt. of West Bengal, UD & MA Dept. Govt. of West Bengal issued in light of the Memo No. 925//MA/O/C-9/2A-7/2015 dated 02.11.2020 read with Memo No Suda-11017(18)/1/2020/5608 dated 04.11.2020 of the SUDA applications are invited online in the Prescribed application form from the eligible candidate for engagement of one(1) Health Officer (Unreserved) on Contractual basis for one year under UPHCS of Bansberia Municipality as per the following guidelines.

1. The Health Officer shall be engaged on contract initially for a period 1(one) year from the date of joining to the post.
2. The contractual remuneration of the Health Officer will be Rs. 62000/-(rupees Sixty Two Thousand) only per month.
3. The application must have 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.
4. Age Limit- Not more than 62 years as on 1st January'2025.
5. The Candidates will have to apply in the prescribed application format to be downloaded from the website: www.bansberiamunicipality.org / of Chairman, Bansberia Municipality And SUDA website: <https://sudawb.org>.
6. Candidates should enclose self attested photocopy of the age, address proof & qualification certificate, etc. with the application.
7. NOC requires for those candidate who are working in any organization/government.
8. The Candidates have to submit their application along with the document stated through e-mail:- bansb-04@yahoo.com only.
9. All communication with candidates will be made through e-mail only.
10. The last date for submission of application is 04/01/2026 up to 5.P.M and application will be received by mail only.
11. Eligible candidates will be invited through walk in interview at Bansberia Municipality.

Imje
31.12.25

Chairman
Bansberia Municipality
Chairman
Bansberia Municipality



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Memo No.:- H/753/1(5)

Dated:- 26.12.2025.

Copy forwarded for information and taking necessary action to:-

1. The Director, SUDA, Kol-106-with request to kindly arrange for uploading this Notice along with the prescribe format in the Official website of SUDA, WB.
2. The CMOH, Chinsurah Hooghly.
3. The Sub-Divisional Officer, SDO, Sadar Hooghly.
4. The C.I.C Health, Bansberia Municipality.
5. Notice Board/Guard File, Bansberia Municipality.

Imjee
31.12.25

Chairman

Bansberia Municipality

Chairman
Bansberia Municipality
Peng

APPLICATION FORMAT

(The application should be filled up in CAPITAL Letters only)

To
The Chairman
Tamralipta Municipality
Tamluk.

Paste
oneself
attested
passport

APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

Sir,

In response to your advertisement notice no. dated -07-2025 for the post of Health Officer (Contractual), I prefer myself as a candidate for the post of Health Officer (Contractual). Details of my Bio-Data are given below:

1. NAME.....
2. FATHERS'/HUSBAND'S NAME.....
3. GENDER(Put Tick Mark): MALE ☐ FEMALE ☐
4. CATEGORY(Along with sub category, if any).....
5. DATE OF BIRTH(DD/MM/YYYY):
6. NATIONALITY:.....
7. ADDRESS FOR CORRESPONDANCE:.....
..... PIN.....
8. PERMANENT ADDRESS:.....
.....
..... PIN.....
9. CONTACT DETAILS:
MOBILE NO:..... EMAILID:.....

10. ACADEMIC QUALIFICATION:

Sl. No	Qualification	Year of passing	Board/ University	Total Marks	Marks Obtained	Percen
1.	Secondary/Equivalent					
2.	H.S/Equivalent					
3.	Medical Qualification(as per IMC Act.1956)					
4	Additional Qualification (if any)					

11. REGISTRATION NO.OF WBMC:.....

12. PRESENT OCCUPATION (IF ANY):.....

NAME & ADDRESS OF EMPLOYER/ORGANIZATION:

13. EXPERIENCE (IF ANY)

Declaration: I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. I do hereby declare that particulars furnished above all correct.

Date:.....

.....
(Full signature of the candidate)