



Phone - (033) 2633-5283

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## OFFICE OF THE MUNICIPAL COUNCILLORS BHADRESWAR, HOOGHLY

From : **Sri Prolay Chakraborty**  
*Chairman, Bhadreswar Municipality*

Memo No. 3131

Dated Bhadreswar 1<sup>st</sup> Aug. 2025

### Advertisement

Application is invited from the eligible candidates of the post of Health Officer, Bhadreswar Municipality as per terms and conditions stated below:-

1. Name of the post: Health Officer
2. No. of Vacancy: 01(One)
3. Age: 62 years as on 1<sup>st</sup> day of the calendar year i.e. as on 01.01.2025(Unreserved).
4. Medical qualification 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 qualification of two years practicing experience.
5. **Terms & Condition:**
  - Monthly remuneration of the Health Officer will be Rs. 62000/- (Rupees Sixty two thousand only) per month.
  - The Health Officer shall be engaged on contract initially for a period of 1 (one) year on probation from the date of joining of said Post.
  - The candidates will have to apply in the prescribed Application Format. Application Format is to be downloaded from the Website of **bhadreswarmunicipality-gov.in**.
  - Candidate should enclose self attested copy of Proof of Age (Birth Certificate/Madhyamik Admit card), proof of residence (Aadhaar Card / Voter ID / Ration Card), and Medical certificate qualification as applicable.
  - All applications must be addressed to the Chairman, Bhadreswar Municipality and also are to be submitted with all document either physically or through e-mail at the Municipal Office within working days at the designated drop box Or [bmchairman@yahoo.co.in](mailto:bmchairman@yahoo.co.in)
  - NOC requires for those application who are working in any organization/Government
  - The last date for submission of application is 14<sup>th</sup> Aug 2025 within 5.00 PM. After that no application will be received or entertained.
6. No TA/ DA will be allowed to attend the interview.



**Chairman**  
**Bhadreswar Municipality**

**Chairman**  
**BHADRESWAR MUNICIPALITY**



# BHADRESWAR MUNICIPALITY BHADRESWAR, HOOGHLY

Application No.  
(For Office Use Only)

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except  
Signature in CAPITAL LETTER)

Advertisement No. \_\_\_\_\_

Dated \_\_\_\_\_

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Staple here). Paste  
recent pass port size  
colour photograph of  
size 3.5 cm X 3.5 cm. The  
Colour photograph  
should not be more than  
3 months old.

Please put your signature  
across the photograph

Application for the post of Health Officer

1. Name (In Capital Letter) :

FIRST NAME:

MIDDLE NAME:

SURNAME:

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

3) DATE OF BIRTH (DD/MM/YYYY)

4) Age as on 01.01.2025

Years

Months

5) Nationality:

6) Address :

6.1. PERMANENT ADDRESS (In Capital Letter) :

P.O :

Town / City :

District :

State :

Pin code :

**6.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :**

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**Town / City:**

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**State:**

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**7) Contact Details :**

i. **Mobile Number:**

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ii. **Residence :**

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iii. **E- mail id :**

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**8) Medical qualification:**

| Sl. No. | School/ Board/ University/ Institute | Degree/ Diploma | Year of passing | Duration | Percentage of marks obtained |
|---------|--------------------------------------|-----------------|-----------------|----------|------------------------------|
|         |                                      |                 |                 |          |                              |
|         |                                      |                 |                 |          |                              |
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|         |                                      |                 |                 |          |                              |
|         |                                      |                 |                 |          |                              |

**10) Additional Qualification (If any) :**

**11) Extra Curriculum Activities (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. The details mentioned in the Application are true and I shall furnish the necessary documents in original whenever required.

If any information/ details found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

**Date:**

**Place:**

**Full Signature of the**

**Candidate**

