Fax: (033) 2470-1540

OFFICE OF THE COUNCILLORS

Ph: (033) 2470-1885/1224

BUDGE BUDGE MUNICIPALITY

71, Mahatma Gandhi Road, Budge Budge, 24 Parganas (S), Pin - Kolkata - 700137 Visit Us.: www.budgebudgemunicipality.org

E-mail ID: chairmanbbm@gmail.com

From:

Gautam Dasgupta

CHAIRMAN Budge Budge Municipality Residence:

A/3, Govt Quarters

P.O. L. P.S.- Budge Budge, Oist.- South 24 Parganas.

Mob.: 9830220417/8017784024

Ref.No. B/B/M 989

Date..... 0 3 DEC 2025

NOTIFICATION

Applications in prescribed format are invited from eligible candidates for appointment to the post mentioned below:

| SLNO. | NAME OF THE POST | NO. OF VACANCIES | CATEGORY | ELIGIBILITY |
|-------|------------------|------------------|-----------------------------|---|
| 1 | Health Officer | 01 | Unreserved (Contractual) | 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 practising experience. Age Limit- not more than 62 years as on 1st January 2025 |

- 1. The remuneration of the Health Officer will be fixed at Rs. 62,000 (Rupees Sixty Two Thousand only) per month.
- 2. The Health officer will be engaged on contract basis initially for a period of one (01) year.
- Candidates must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authority along with application.
- 4. No TA/DA will be paid to the candidates for appearing at the selection test/interview.
- 5. Candidates must apply in the prescribed application form to be downloaded from Budge Budge Municipality website: www.budgebudgemunicipality.org in A4 size paper.
- 6. The candidates have to submit their application either through e-mail at: chairmanbbm@gmail.com (All documents have to be scanned along with the application form in PDF format and in a single PDF file) or they can submit all documents in the Municipal Drop Box.
- 7. All communication with candidates will be made via e-mail in their respective E-mail IDs.
- 8. The last date for submission of application is 15.12.2025
- 9. The eligible candidates will be invited for an interview to be conducted by the Selection Committee.
- 10. Decision of the Selection Committee will be final regarding selection of candidates.
- 11. Candidates are requested to follow the website of Budge Budge Municipality for future guidance, schedule of Selection Test/ Interview etc.
- 12. Candidates must furnish the self-attested photo copies of all testimonials issued by a competent authority along with the application form including
 - i) Age proof certificate
 - ii) Marksheet of MBBS Examination.
 - iii) Registration Certificate issued by the WBMC (West Bengal Medical Council)

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CHAIPMAN

CHAIRMAN Budge Budge Municipality

GAUTAM DASGUPTA CHAIRMAN Budge Budge Municipality

APPLICATION FORMAT

(To be filled up in CAPITAL LETTERS only)

Post applied for: HEALTH OFFICER (Contractual) The Chairman **Budge Budge Municipality** 71, M.G Road, Budge Budge, Kolknta-700137 Sir. Application for the post of Health Officer (Contractual) in Budge Budge Municipality 2. FATHER'S/ GUARDIAN'S NAME:-.... 3. GENDER:- MALE **FEMALE** 4. CATEGORY (along with sub category, if any):- 5. DATE OF BIRTH (DD/MM/YYYY):-6. NATIONALITY:-7. ADDRESS:-ADDRESS FOR CORRESPONDENCE: PERMANENT ADDRESS:-PIN........ 8. CONTACT DETAILS:-MOBILE NO. (MANDATORY):.... E-MAIL ID (MANDATORY):

| 9. | ACADEMIC | QUALIFICATION: |
|----|----------|----------------|
| | | |

| SL. NO. | SCHOOL/BOARD/ UNIVERSITY/ INSTITUTION | DEGREE/ DIPLOMA | YEAR OF PASSING | PERCENTAGE OF MARKS OBTAINED |
|------------|---------------------------------------|-----------------|--------------------|------------------------------|
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| 10. ADDITIONAL QUALIFICATION (IF ANY): | | | | | | |
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| | 11. PRESENT OCCUPATION (IF ANY): | | •••••• | •••••• | | |
| ••• | | | | | | |
| •••• | 12. NAME & ADDRESS OF EMPLOYER/ ORGANIZ | | | | | |
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| •••• | | | | | | |
| | 13. EXPERIENCE (IF ANY): | | ••••• | ••••• | | |
| ••••• | | | •••••• | ••••• | | |
| •••• | | | ••••• | | | |
| ECI | LADATION. I do hereby declare that I have carefully r | end the conditions of short in | | | | |
| ocu: | LARATION:- I do hereby declare that I have carefully reconditions are acceptable to me. The details mentioned nents in original whenever required. If any information is so if any fact is found to have been concented by me of to be terminated and appropriate legal action shall be taken. | details is found to be incorrect or detected even after the appro- | and I shall furni | sh the necessary | | |
| ate: | | | | | | |

Place:

Full signature of the candidate