



RAJPUR - SONARPUR MUNICIPALITY

P.O- HARINAVI, SOUTH 24 PARGANAS, KOLKATA – 700148

E-mail – rajpursonarpurmunicipality@gmail.com, Phone No: 033- 2477 9245

Ref No: HAU/ 28 / RSM

Date: 25.07.2025

NOTICE FOR ENGAGEMENT

Applications as prescribed format are invited from eligible persons for appointment to the post mentioned below:-

| SI No | Name of The Post | No. of Vacancy | Eligibility |
|-------|--|-------------------|---|
| 1. | HEALTH OFFICER (Contractual Basis) | 1 (Unreserved) | 1. Medical qualifications included in the 1 st . (First) or 2 nd . (Second) Schedule or Part-II of the 3 rd . (Third) Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of 2 (Two) years practicing experience. 2. Age Limit — not more than 62 years as on 01 st January, 2025 |

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 from the date of joining.
3. The Candidates will have to apply in the prescribed Application Format
4. Application Format is to be downloaded from the Website of Rajpur - Sonarpur Municipality: : <https://rajpursonarpurmunicipality.in> and SUDA Website: <https://sudawb.org/Emp-Notice>
5. Candidate should enclose self-attested photocopy of the Age, Address & Qualification etc. certificate with the application.
6. No Objection Certificate (NOC) requires for those applicants who are working in any organization / Government Sector.
7. The Candidates have to submit their applications through e-mail (rajpursonarpurmunicipalitytv@gmail.com) only. All documents have to be scanned along with the application from in PDF format.
8. All communication with candidates will be made through e-mail or over telephone only.
9. The Last Date for submission of application is – **12.08.2025 within 12.00 noon**. After 12.00 noon no application will be accepted by mail.
10. Eligible candidates will be invited for an **interview on 12.08.2025 (Tuesday) at 2.00 p.m. at the Chamber of the Chairman, Rajpur – Sonarpur Municipality** to be conducted by the Selection Committee.

General Information:

1. The contractual engagement does not confer any right for regularization or absorption in the post.
2. All original documents including experience certificate required to be presented at the time of interview.

(Dr. Pallab Kumar Das)

Chairman, Rajpur – Sonarpur Municipality

&

Chairman of the Selection Committee



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E-mail – rajpursonarpurmunicipality@gmail.com, Phone No: 033- 2477 9245

Ref No: HAU/ 28 (1-11) / RSM

Date: 25.07.2025

Copy forwarded for information and necessary action to:-

1. The Director, State Urban Development Agency
 2. The District Magistrate, South 24 Parganas
 3. The Chief Medical Officer of Health, South 24 Parganas
 4. The SDO, Baruipur Sub-Division
 5. The ACMOH, Baruipur Sub-Division
 6. The Executive Officer, Rajpur - Sonarpur Municipality
 7. The Finance Officer, Rajpur - Sonarpur Municipality
 8. The Head Clerk , Rajpur - Sonarpur Municipality
 9. The Nodal Officer — Health, Rajpur - Sonarpur Municipality
 10. The IT coordinator, Rajpur - Sonarpur Municipality
- Please upload this matter to the official website of Rajpur - Sonarpur Municipality
11. Office Notice Board, Rajpur - Sonarpur Municipality


(Dr. Pallab Kumar Das)

**Chairman, Rajpur – Sonarpur Municipality
&
Chairman of the Selection Committee**

APPLICATION FORM

To
The Chairman,
Rajpur – Sonarpur Municipality,
P.O- Harinavi, P.S – Sonarpur,
Dist. – South 24 Parganas
Kolkata - 700148

Affix Self
attested
recent
color
passport
size photo

Application for the post of “Health Officer”

1) Full Name (In Capital Letters) :

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

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

4) Age (As on 1st January 2025):

5) Nationality:

6) Present Address for communication (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....

STATE, PIN CODE.....

7) Permanent Address (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....

STATE, PIN CODE.....

7) Contact No. :

8) VALID E-mail ID:.....

9) Academic Qualifications :

| SL No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|--------------------|---------------------------|-----------------|-------------|----------------|------------|
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10) Additional Qualification (if any) :

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11) 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) |
|--------|--------------------------|------------------|-----------------|-----------------|---------------------------------|
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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 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