



OFFICE OF THE

KANDI MUNICIPALITY

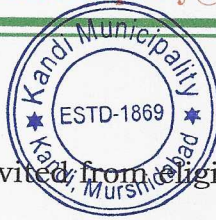
P.O & P.S: KANDI ★ DIST: MURSHIDABAD

Website: kandimunicipality1869.com ★ Telephone & Fax No: 03484 - 257346

Email Id: chairmankandimunicipality@gmail.com / kandimunicipality@yahoo.com

Memo No: 2658/T-K.M/2020

Dated- Kandi the 07/12/2020




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
01.	Health Officer	01 (Unreserved)	<ol style="list-style-type: none">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 01st January,2020

Terms and Condition:

1. The contractual remuneration of the Health Officer will be fixed at Rs. 40,000/- (Forty Thousand) only per month.
2. The Health Officer shall be engaged on contract initially for period of 01 (one) year.
3. The Candidates will have to apply in the prescribed Application Format to be downloaded from the Kandi Municipality Website www.kandimunicipality1869.com in A4 size paper.
4. Application Format is to be downloaded from the Website of Kandi Municipality www.kandimunicipality1869.com, SUDA Website : www.sudawb.org and UD & MA Department Website: www.wburbanservices.gov.in
5. Candidate should enclose self-attested photocopy of the age proof certificate with the application.
6. NOC requires for those applicants who are working in any organization / Government.
7. The candidates have to submit their application through e-mail to chairmankandimunicipality@gmail.com with all documents have to be scanned along with the filled up application form in PDF format in a single PDF file or Application should reach by register post on the address of Chairperson, Board of Administrators, Kandi Municipality, P.O & P.S: Kandi, District: Murshidabad State: West Bengal Pin:742137
8. All communications with candidates will be made through e-mail only.
9. The Last Date for submission of application is - 21.12.2020 within 5.00 PM
10. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.


Chairperson
Board of Administrators
Kandi Municipality

Chairperson
Board of Administrators
Kandi Municipality

&

Chairman of the Selection Committee



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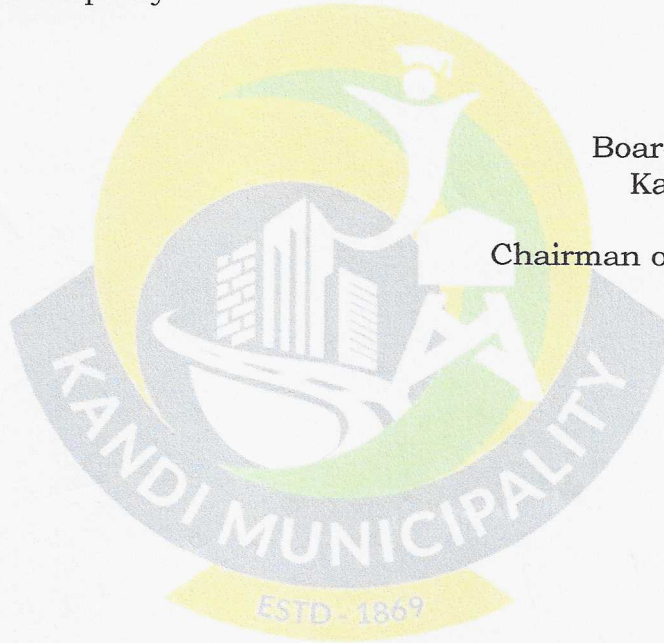



Memo No: 2658/T/K.M/1-9/2020

Dated- Kandi the 07/12/2020

Copy forwarded for information and necessary action to: -

1. The Director, State Urban Development Agency -Kolkata
2. The District Magistrate, Murshidabad
3. Sri Joly Chaudhuri -Joint Secretary – UD & MA Department, Govt. of West Bengal
4. The Chief Medical Officer of-Health. Murshidabad
5. The Executive Officer. Kandi Municipality
6. The Finance Officer, Kandi Municipality
7. The Nodal Officer - Health, Kandi Municipality
8. The IT coordinator. Kandi Municipality, with the direction to publish the above-mentioned Employment Notice and Application Format in the official website of Kandi Municipality, SUDA and UD & MA website.
9. Notice Board. Kandi Municipality




Chairperson
Board of Administrators
Kandi Municipality
&
Chairman of the Selection Committee

APPLICATION FORM

To

The Chairperson,
Board of Administrators
Kandi Municipality
P.O. and P.S- Kandi,
Dist. Murshidabad
West Bengal - 742137



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 :
4. Date of Birth (DD/MM/YYYY):
5. Nationality:
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 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