



OFFICE OF THE BOARD OF COUNCILLORS'

# KALIYAGANJ MUNICIPALITY

P.O.- Kaliyaganj; Dist.- Uttar Dinajpur; Pin- 733129 (W.B.)

E-mail – kaliyaganjmunicipality@yahoo.co.in / kaliyaganjmunicipality@gmail.com

Office : (03523) 258165  
Fax : (03523) 259165  
Chairman : (03523) 259165

Memo No: 203/Health/KM/2026

Date: 13/02/2026

## Engagement Notice

Applications are invited from eligible candidates for engagement to the post of Health Officer (One Contract) to be posted at Kaliyaganj Municipality through Walk-in-interview.

**No. of Post:** 01 (One)

**Period of engagement:** Initially for 1 (one) year.

**Name of the Post:** Health Officer.

**Qualification:** Medical Qualifications included in the 1<sup>st</sup> or 2<sup>nd</sup> schedule or part-2 of the 3<sup>rd</sup> schedule of Indian Medical Council Act-1956 and registration as medical practitioner of West Bengal with desirable qualifications of 2 years practicing experience.

**Contractual Honorarium/ Salary:** Rs. 62,000.00 (Rupees sixty-two thousand only)

**Age:** Not more than 62 years as on 1<sup>st</sup> January 2026. (Age proof-Madhyamik/equivalent exam admit card to be produced)

**Date & Time of Walk-in-interview:**

**Mode of Application:** Applicant shall be submitting his/her application in the prescribed format attached herewith at the time of reporting.

**Process of Selection:** Through Walk-in-interview on 21/02/2026 from 01.00 P.M. Interview to be conducted by the Selection Committee & the decision of the Selection Committee is final.

**Reporting Time of the Candidate:** 12.00 noon on 21/02/2026.

### **General Information:**

1. The engagement would be purely on contractual basis, initially for a period of 1 (One) year.
2. The Contractual engagement does not confer any right for regularization or absorption in the post.
3. All original documents including experience certificates are required to be presented at the time of interview.

  
Chairman

Selection Committee for Selection of Health Officer

&

Chairman, Kaliyaganj Municipality

Chairman  
Kaliyaganj Municipality  
Kaliyaganj, Uttar Dinajpur

Date: 13/02/2026

Memo No: 203/1(7)/ Health/KM/2026

Copy forwarded for kind information:

1. The Director, SUDA.
2. The District Magistrate, Uttar Dinajpur.
3. The CMOH, Uttar Dinajpur.
4. Executive Officer, Kaliyaganj Municipality.
5. Finance Officer, Kaliyaganj Municipality.
6. Head Clerk, Kaliyaganj Municipality.
7. S.I. & Nodal Officer (Health), Kaliyaganj Municipality.

  
Chairman

Selection Committee for Selection of Health Officer

&

Chairman, Kaliyaganj Municipality

Chairman  
Kaliyaganj Municipality  
Kaliyaganj, Uttar Dinajpur

## **APPLICATION FORM**

To,  
The Chairman  
Kaliyaganj Municipality  
Kaliyaganj, Uttar Dinajpur.  
733129

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 1<sup>st</sup> January 2026): .....

5) Nationality: .....

6) Present Address for communication (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

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)

I do hereby declare that all the information stated in this application form are true. In case any of my information furnished and documents 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 cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

Date:

Place:

\_\_\_\_\_  
Full Signature of the Applicant