



03222-268447
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MIDNAPUR MUNICIPALITY

MIDNAPUR, PASCHIM MIDNAPORE

Gmail: midnapurmunicipality@gmail.com

Website: midnaporemunicipality.com

Fax: 03222-268447

Memo No. 1739/GA

Date – 18/07/2025

Notification for Engagement of Health Officer (H.O.) under, Midnapore Municipality, West Bengal.

Midnapore Municipality invite application from suitable candidates for the following posts:

1. Health Office (HO):-

No of Post – 01 (one) Nos.

The Health Officer (HO) shall be engaged on Contract initially for a period of 1 (One year).

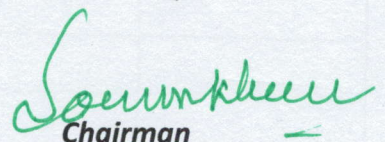
Qualification:

The Applicant must have medical qualification included in 1st or 2nd schedule or Part-2 of the 3rd schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of west Bengal.

Upper limit of age for the posts is 62 Years as on 1st January 2025.

- Application with all supportive documents must be reached by email address health.midnaporemunicipality@gmail.com/nuhm.midnapore@gmail.com within 28/07/2025 (before 5:00 PM) positively (**Hard copy of document needless to submit. Only application submitted through email will be considered**).
- Application has to be made in the prescribed Application Format will be (attached with this notification) only. The Application Form will have to be filled up on the basis of facts which they will have to substantiate subsequently showing the originals (on the date of interview) during the selection process, failing which their candidature will be cancelled.
- Application reaching the above email address after the stipulated date and time will not be considered for selection. **"Application for the post of Health Officer under Midnapore Municipality"** should be superscribed on the subject of the email containing the filed-in application form and all supportive documents.
- The applications must be completed in all respects. Incomplete applications will be summarily rejected.
- The candidates who do not have the required academic qualifications and competencies mentioned and who do not have capacities to discharge the responsibilities need not apply. Applications received from candidates not having the minimum academic qualifications and competencies will be summarily rejected.
- Only shortlisted candidates will be called during selection. Selection will be done on competitive basis.
- Decision of the competent authority in Project shall be final in the matter of selection of eligible candidate. Authority reserves the right to cancel all /any application without assigning any reason.
- No TA/DA will be paid to the candidates for appearing at the selection test/interview.




Chairman

Midnapore Municipality
Chairman
Midnapore Municipality

Midnapore Municipality

P.S-Kotwali, P.O-Midnapore

Dist:Paschim Midnapore

PIN: 721101

Please affix here your
recently taken
passport
size photograph
signed

APPLICATION FORM

(Relevant attested documents for educational qualifications and work Experiences need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)

1. Name of the candidate (in Capital Letters):

2. Posts applied for: **Health Officer**

3. Name of Father/Husband:

4. Date of birth:

5. Age as on 01.01.2025:

6. Sex:

7. Nationality

8. Religion:

9. Caste (Gen/SC/ST/OBC):

10. Postal Address:

11. E-mail address (Mandatory):

12. Contact No (Mandatory):

13. Educational Qualification:

Name of Examination	Year of Passing	% of Marks	Subjects	Board/ University
Others, if any				



14. Details of Relevant Work Experience (Starting with the current or most recent one)
(Add more cells and pages if required)

Sl. No.	Organization/Office	Post Held	From	To	Total Period (Years & months)
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Total experience					

15. Whether the present organization will release immediately (in case contractual engagement is offered): Yes / No (Indicate with ✓mark):

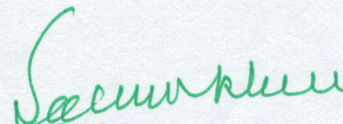
I do hereby certify that all the details stated above are true and that in case any information proves false my candidature will be liable to be cancelled.

Date:

Place:

Full Signature:.....




Chairman
Midnapore Municipality