



Office of the Board of Administrators

Contai Municipality

S.T.D.- 03220
255017/255027/
257377/255312/
257078
Fax : 255599

P.O.- Contai :: Dist.-Purba Medinipur

No. CM-775/Genl-190

Email ID - contaimunicipality.in@gmail.com

Date 02/07/2021

From : Chairperson / Member / Executive Officer, Contai Municipality

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
1	Health Officer	1 (Unreserved)	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 1 st January, 2020.

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 a period of 1(one) year.
- 3) The candidates will have to apply in the prescribed Application Format. Application Format is to be downloaded from the Website of Contai Municipality i.e. www.contaimunicipality.org.in and website of SUDA i.e. www.sudawb.org.
- 4) Candidate should enclose self-attested photocopy of the Age, Address proof & qualification etc. certificate with the application.
- 5) NOC is required for those applicants who are working in any organization/Government.
- 6) The Candidates have to submit their applications through e-mail (nuhm.contaimunicipality@gmail.com). All documents have to be scanned along with the application form in PDF format.
- 7) All communication with candidates will be made through e-mail or phone only.
- 8) The Last Date for submission of application is - 16.07.2021 within 3:00PM. After 3:00PM no Application will be accepted by mail.
- 9) Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

Memo no.-

CM-775/Genl-190

dt. -

02.07.2021

Copy forwarded for information and necessary action to: -

1. The Director, State Urban Development Agency, Ilgus Bhawan, HC-Block, Sector-III, Bidhannagar, Kolkata-106.
2. The District Magistrate, Purba Medinipur.
3. The Chief Medical Officer of Health, Purba Medinipur.
4. The Sub-Divisional Officer, Contai.
5. All the Member, Board of Administrator, Contai Municipality.
6. The Executive Officer, Contai Municipality.
7. The Finance Officer, Contai Municipality.
8. The Accountant, Contai Municipality.
9. The Municipal Notice Board, Contai Municipality.
10. The I.T. Coordinator, Contai Municipality please upload this matter to the official website of Contai Municipality.



[Signature]
Chairperson
Board of Administrators
Contai Municipality
Chairperson,
Board of Administrators
Contai Municipality

[Signature]
Chairperson
Board of Administrators
Contai Municipality
Chairperson,
Board of Administrators
Contai Municipality

APPLICATION FORM

To
The Chairperson,
Board of Administrator,
Contai Municipality,
Contai, Purba Medinipur.
West Bengal, PIN-721401.

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: Male [] Female [] Others []

4) Date of Birth (DD/MM/YYYY) : ____/ ____/ _____, Age (As on 1st January, 2021): _____

5) Nationality: _____

6) Present Address for communication (In Capital Letters):

Vill.- _____, P.O.- _____,

P.S.- _____, Dist.- _____,

State- _____, Pin. - _____,

7) Permanent Address for communication (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 here to 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