

RAMPURHAT MUNICIPALITY

RAMPURHAT * BIRBHUM * PIN-731224

rampurhat.mun@gmail.com

Memo No: 1514/RM/ESH

Date: 23/12/2020

ENGAGEMENT NOTICE :

Application in prescribed format are hereby invited by the undersigned from eligible candidates for engagement to the post of Health Officer (on contract) to be posted at Rampurhat Municipality, Rampurhat Birbhumi. Details are given below :

NAME OF THE POST :	Health Officer
NUMBER OF POST :	01 (One)
QUALIFICATION :	Essential: Medical Qualification included in the 1 st or 2 nd schedule or Part - 2 of the 3 rd schedule of Indian Medical Council Act 1956 and registration as Medical Practitioner of West Bengal with desirable Qualification of 2 years practicing experiences.
LAST DATE OF APPLICATION:	07.01.2021
AGE :	Not Exceeding 62 years as on 01.01.2020.
PROCESS OF SELECTION :	Interview to be conducted by Selection Committee.
REMUNERATION :	Rs. 40.000.00 (Forty thousand) per month (fixed)

GENERAL INSTRUCTION :-

1. The Health Officer shall be engaged on contract basis initially for a period of 1 (One) year.
2. Candidates must furnish self-attested photo copies of all testimonials and certificates issued by the competent authority.
3. Candidates must apply in the prescribed application form to be downloaded from the Rampurhat Municipality website i.e. <http://www.rampurhatmunicipality.com> in A4 size paper.
4. The candidates have to submit their application through e-mail only at rampurhat.mun.recruitment@gmail.com. All documents have to scanned along with the application form in PDF format and in a single PDF file.
5. One self-attested photograph is to be pasted on proper place of application format.
6. Last date for submission of application is
7. Eligible candidates will be invited for an interview to be conducted by the selection committee. The interview will be conducted by the Municipality through a web based video conferencing app.
8. Candidates are requested to follow up the website of Rampurhat Municipality for future guidance and **Date of Interview**.
9. No TA/DA will be admissible.




The Chairperson
Board of Administrators
Rampurhat Municipality
Chairperson
Board of Administrators
Rampurhat Municipality

Memo No: 1514/1(11)/RM/ESH

Date: 23.12.2023

Copy forwarded for information and taking necessary action to

1. The Director, SUDA
2. The District Magistrate, Birbhum.
3. The CMOH, Rampurhat Health District, Birbhum.
4. The SDO, Rampurhat.
5. The Executive Officer, Rampurhat Municipality.
6. The Finance Officer, Rampurhat Municipality.
7. Shri Biplab Chakraborty, WBCS(Exe), Dy. Magistrate & Dy. Collector, Rampurhat.
8. Dr. Amitava Saha, Dy. Chief Medical Officer of Health-1, Rampurhat Health District, Birbhum.
9. The Head Clerk, Rampurhat Municipality.
10. I.T. Co-ordinator, Rampurhat Municipality. (He is instructed to publish this notification in website of Rampurhat Municipality).
11. Guard file.



A handwritten signature in green ink, appearing to be "A. Saha", written over the printed name of the Chairperson.

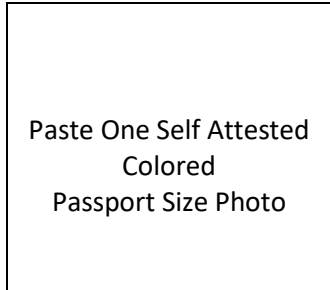
The Chairperson
Board of Administrators
Rampurhat Municipality

Chairperson
Board of Administrators
Rampurhat Municipality

APPLICATION FORM

(The application should be filled up in CAPITAL letters only)

To
The Chairperson
Board of Administrators,
Rampurhat Municipality,
Rampurhat ,Birbhum



APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

Sir,

In response to your advertisement notice no. _____ dated _____ for the post of HEALTH OFFICER(CONTRACTUAL), I prefer myself as a candidate for the post of Health Officer (Contractual). Details of my Bio-Data are given bellow:-

1. NAME.....

2. FATHER'S/HUSBAND'S NAME.....

3. GENDER(Put Tick Mark) : MALE FEMALE TRANSGENDER

4. CAST (Along with sub-cast, if any):

5. DATE OF BIRTH(DD/MM/YYYY):

6. NATIONALITY:

7. ADDRESS FOR CORRESPONDANCE :

.....
.....
.....PIN.....

8. PARMANENT ADDRESS:

.....

PIN.....

9. CONTACT DETAILS:

MOBILE NUMBER :

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EMAIL ID :

10. ACADEMIC & MEDICAL QUALIFICATIONS :

SL. NO	Qualification	Year of Passing	Board/ University	Total Marks	Marks Obtained	Percentage
1.	Madhyamik/ Equivalent					
2.	H.S/ Equivalent					
3.	Medical Qualification (as per IMC Act. 1956) (under graduate)					
4.	Additional Qualification (If any)					

11. TECHNICAL QUALIFICATION :-

SL. NO	NAME OF EXAM	BOARD / UNIVERSITY/ COUNCIL	YEAR OF PASSING	TOTAL MARKS	Marks Obtained	PERCENTAGE

12. REGISTRATION NO. OF WBMC/ MCI :

13. PRESENT OCCUPATION (IF ANY) :.....

.....

14. WORKING EXPERIENCES :-

SL. NO	NAME OF ORGANIZATION	POSITION HELD	PERIOD OF WORKING FORM..... TO.....	TOTAL PERIOD OF WORKING EXPERIENCES	NATURE OF WORK

Declaration :-

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. I do hereby declare that particulars furnished above are all correct.

Date :

Place :

Full Signature of the Candidate