

PUJALI MUNICIPALITY

Office of the Board of the Administrators

P.O.: P.Nischintapur, P.S.: Pujali, Kolkata-700138

Email: pujalimunicipality@yahoo.co.in, Web: www.pujalimunicipality.in



Memo No: 1312/P.M/Health-XXII/25

Date: 14.08.25

NOTICE FOR ENGAGEMENT

Applications as per prescribed format are invited from eligible persons for appointment to the post mentioned below: -

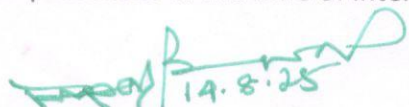
Sl No:	Name of The Post	No. of Vacancy	Eligibility
1.	Health Officer (Contractual Basis)	1 (Unreserved)	1. Medical qualifications included in the 1 st (First) or 2 nd (Second) Schedule on Para-II of the 3 rd (Third) Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of 2 (Two) years practicing experience. 2. Age Limit – not more than 62 (Sixty Two) years as on 01 st January, 2025.

Terms and Conditions :-

1. The contractual remuneration of the Health Officer will be fixed at Rs. 62,000.00 (Rupees sixty two thousand) only per month.
2. The Health Officer shall be engaged on contract initially for a period of 01 (One) year from the date of joining.
3. The Candidate will have to apply in the prescribed Application Format.
4. Application Format is to be downloaded from the Website of Pujali Municipality: www.pujalimunicipality.in and SUDA Website: <http://sudawb.org/Emp-Notice>
5. Candidate should enclose self-attested photocopy of the Age, Address & Qualification etc. certificates with the application.
5. No Objection Certificate (NOC) is required for those applicants who are working in any organisation/ Government Sector.
7. The Candidates have to submit their applications through e-mail (pujalimunicipality@yahoo.co.in) only. All documents have to be scanned along with the application form in PDF format.
8. All communication with candidates will be made through e-mail or over telephone only.
9. The last date for submission of application is - 29.08.2025 within 12.00 noon. After 12.00 noon no application will be accepted by mail.
10. Eligible candidates will be invited for an interview on 09.09.2025 (Tuesday) at 2.00 p.m. to be conducted by the Selection Committee at the Chamber of the Chairperson, Pujali Municipality..

General Information:

1. The contractual engagement does not confer any right for regularization or absorption in the post.
2. All original documents including experience certificate required should be presented at the time of interview.


14.8.25

(TAPAS BISWAS)

Chairperson, Pujali Municipality

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Memo No: 1312 (11) / P.M / Health - x x 11 / 25

Date: 14.08.25

Copy forwarded for information and necessary action to :-

1. The Director, State Urban Development Agency
2. The District Magistrate, South 24 Parganas
3. The CMOH, South 24 Parganas
4. The SDO, Alipore Sub-Division
5. The ACMOH, Alipore Sub-Divisiuon
6. The Executive Officer, Pujali Municipality
7. The Finance Officer, Pujali Municipality
8. The Head Clark, Pujali Municipality
9. The Nodal Officer of Health, Pujali Municipality
10. The IT Coordinator, Pujali Municipality, Please upload this matter in the Official website of Pujali Municipality
11. Office Notice Board, Pujali Municipality

(TAPAS BISWAS)

Chairperson, Pujali Municipality

&

Chairman of the Selection Committee

APPLICATION FORM

Affix Self attested
recent color
passport size
photo

To
The Chairperson
Pujali Municipality
Pujali, Kolkata - 700 138.

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 1st January 2025 :

5) Nationality :

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

Road / Lane, Post Office

Police Station, District

Land Mark

State, Pin Code

7) Permanent Address for Communication (In Capital Letters) :

Road / Lane, Post Office

Police Station, District

Land Mark

State, Pin Code

8) Contact No. :

9) VALID E-mail ID:

10) Academic Qualifications :

SI No.	Examination Passed	Board/ Council/ University	Year of Passing	Total Marks	Marks Obtained	Percentage

11) Additional Qualification (if any) :

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12) Working Experience (if any) :

SI 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 canceled by the appropriate authority at any stage of the Selection / Recruitment process.

Date :

Place :

.....
Full Signature of the Applicant