



OFFICE OF THE BOARD OF COUNCILLORS NAIHATI MUNICIPALITY

Phone No. (033) 2581-2098 Email Id. cnaihati@yahoo.com, conaihati22@gmail.com



Memo No:1597 /MC-11

Date: 24/07/2025

EMPLOYMENT NOTICE

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

SL No.	Name of The Post	Number of Vacancy	Eligibility
1.	Health Officer on Purely Contractual basis for a period of one year	1 (Un reserved)	<ol style="list-style-type: none">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 years practicing experience.Age Limit not more than 62 years as on 01st January 2025.

Terms and Conditions:

- The contractual remuneration of the Health Officer will be fixed at Rs. 62000.00 (Rupees Sixty Two thousand) only per month.
- The Health Officer shall be engaged for a period of 1(one) year from the date of joining to the Post on purely contractual basis.
- The candidates will have to apply in the prescribed application format to be downloaded from the website of Naihati Municipality: <https://www.naihatimunicipality.in/> and SUDA website: <https://sudawb.org>.
- Candidate should enclose self- attested photocopy of the age, address proof & qualification certificate etc. with the application.
- NOC requires for those candidates who are working in any organization / government.
- The candidates have to submit their application alongwith the documents stated through e-mail cnaihati@yahoo.com only. All documents have to be scanned along with the application from in PDF format.
- All communication with candidates will be made through e-mail only.
- The Last date for submission of application is 10th August, 2025 application will be received by mail only.
- Eligible candidates will be invited for an interview to be conducted by the Selection Committee.


Chairman, Naihati Municipality
&
Chairman of the Selection Committee

Chairman
Naihati Municipality

Copy forwarded for information and taking necessary action to the:

1. District Magistrate, North 24 Parganas, Barasat.
2. Director, SUDA, West Bengal, With a request to kindly arrange for uploading this Notice alongwith the prescribed format in the official website of SUDA, West Bengal.
3. CMOH, North 24 Parganas, Barasat.
4. Sub-Divisional Officer, Barrackpore Sub-Division, North 24 Parganas.
5. Vice-Chairman, Naihati Municipality.
6. C.I.C, Health, Naihati Municipality.
7. Executive Officer, Naihati Municipality.
8. Finance Officer, Naihati Municipality.
9. -39 All Members of Board of Councillors, Naihati Municipality.
40. Accountant, Naihati Municipality.
41. Head Clerk, Naihati Municipality.
42. Nodal Officer, Health, Naihati Municipality.
43. IT Coordinator, Naihati Municipality, please upload this matter to the Official Website of Naihati Municipality.
44. Officer Notice Board, Naihati Municipality.



**Chairman, Naihati Municipality
&
Chairman of the Selection Committee**

**Chairman
Naihati Municipality**

APPLICATION FORM

To
The Chairman
Board of Councillors
Naihati Municipality
P.O. & P.S.- Naihati
Dist.- North 24 Parganas
Kolkata- 743165

Affix Self
attested recent
colour passport
size photo

Application for the post of “HEALTH OFFICER”

Ref: Employment Notice vide Memo no. 1597/MC-11 dated 24.07.2025

- 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 2025):
- 5) Nationality:
- 6) Present Address for Communication (In Capital Letters):, P.O.
P.S., DIST.:, STATE, PIN.
- 7) Permanent Address for communication (in Capital Letters) :, P.O.
P.S., DIST.:, STATE, PIN.
- 8) Contact No.:
- 9) E-mail ID:
- 10) **Academic Qualification:**

Sl 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):**

Sl. No.	Name of the Organization	Name of the Post	Date of joining	Date of leaving	Total Working Period (in years)

13) **List of attached documents:**

- I.
- II.
- III.
- IV.
- V.
- VI.

I do hereby declare that all the information stated in this application form is true. In case any of the information furnished and document attached hereto is found not to be 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