Office of the Chairman

RAGHUNATHPUR MUNICIPALITY

P.O. – Raghunathpur, Dist – Purulia

Memo No.: RM/Health/839 Date: 24-11-25

NOTICE FOR WALK-IN-INTERVIEW FOR CONTRACTUAL ENGAGEMENT

In terms of Orders of the Dept. of Urban Development & Municipal Affairs Department, WB issued by the Special Secretary, vide No. 1556-UDMA-11012(99)/45/2021 dated 04.07.2025; a walk-in-interview has been arranged for engagement of **Health Officer**, purely on contractual basis.

The engagement will be for a period of one year only at a fixed monthly remuneration as stated below:

- **Qualification (Essential):**
  Medical qualification included in the 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 with desirable qualification of 2 years practicing experience.
- **Fixed Remuneration:** ₹62,000/- only per month
- **Age Limit:** Not more than 62 years as on 01.01.2025

Points to Note before appearing for the Walk-in-Interview:

Willing candidate to attend the interview should carry the following documents/testimonials along with them to the Interview Hall. All documents/testimonials are to be produced in **ORIGINAL** before the Interview Board.

1. An application format duly filled in as given below
2. Self-attested proof regarding permanent residential status (Passport/Voter ID Card/AADHAR card/Ration card, etc.) to be submitted along with application
3. Self-attested copies of all relevant certificates
4. NOC from employer in case the candidate is employed at present in any public/private institution/establishment
5. No TA/DA will be paid to the candidates for appearing in the interview process
6. Decision of the Board/Authority will be final regarding selection of candidates

- **Date and Time of Interview:** All candidates are required to report for the Interview on **10th December 2025 at 1:00 p.m.**
- **Venue for Interview:** At the chamber of Chairman, Raghunathpur Municipality, P.O. – Raghunathpur, Dist – Purulia, Pin – 723133 (W.B.)

24.11.25

Chairman
Raghunathpur Municipality

Chairman
Raghunathpur Municipality
Dist.- Purulia

Office of the Chairman

RAGHUNATHPUR MUNICIPALITY

P.O. – Raghunathpur, Dist – Purulia

Memo No.: RM/Health/ 839 (1-10) Date: 24-11-25

Copy forwarded for information and necessary action to :

1. The Director, State Urban Development Agency
2. The District Magistrate, Purulia
3. The Chief Medical Officer of Health, Purulia
4. The SDO, Raghunathpur Sub-Division
5. The ACMOH, Raghunathpur Sub-Division
6. The Principal Executive Officer, Raghunathpur Municipality
7. The Finance Officer, Raghunathpur Municipality
8. The Head Clerk , Raghunathpur Municipality
9. The IT coordinator, Raghunathpur Municipality Please upload this matter to the official website of Raghunathpur Municipality
10. Office Notice Board, Raghunathpur Municipality

24.11.25

Chairman
Raghunathpur Municipality

Chairman
Raghunathpur Municipality
Dist.- Purulia

APPLICATION FORMAT

Paste recent Passport size photograph duly signed across

To

The Chairman
Raghunathpur Municipality
At, P.O & P.S – Raghunathpur
Dist – Purulia, PIN – 723133

APPLICATION FOR THE POST OF HEALTH OFFICER

Sir,

In response to your Advertisement Notice no ..... Dated ..... for the post of Health Officer, I prefer myself as a candidate. Details of my BIO-DATA is given below:

1. **Name (in BLOCK LETTER):**
2. **Father's Name :**
3. **Husband's Name (for married female) :**
4. **Date of Birth (DD/MM/YYYY) :**
5. **Sex :**
6. **Marital Status :**
7. **Caste / Category (Put Tick Mark):** GEN ☐ SC ☐ ST ☐ OBC-A ☐ OBC-B ☐ PH ☐
8. **Address (as mention in EPIC / ADHAAR):**
9. **Mobile Number:**
10. **E-Mail ID :**
11. **Qualification Details:**

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage
01	Madhyamik / Equivalent					
02	HS / Equivalent					
03	Medical Qualification: Medical qualification include in the 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					
04	Others (give details)					

12. Experience Details :

Sl. No.	Details of employer (Organisation Name & Address)	Joining Date	Working Tenure (in complete years)	Designation & Job Description

Declaration :

I do hereby declare that particulars furnished above are all correct.

Place :

Date :

_____

Signature of Applicant