



Office of the Chairman

# RAGHUNATHPUR MUNICIPALITY

P.O. – Raghunathpur, Dist – Purulia

Memo No.: RM/Health/ 444

Date: 08.08.2025

## 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.

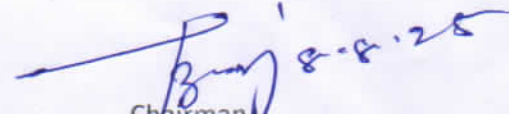
The engagement will be for a period of one year only at a fixed monthly remuneration as stated below:

- **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 25th August 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.)

  
Chairman  
Raghunathpur Municipality  
Chairman  
Raghunathpur Municipality  
Dist.-Purulia



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P.O. – Raghunathpur, Dist – Purulia

Memo No.: RM/Health/ 444 (1-10)

Date: 08.08.2025

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

  
Chairman  
Raghunathpur Municipality  
Chairman  
Raghunathpur Municipality  
Dist.-Purulia

### APPLICATION FORMAT

To

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

Paste recent  
Passport size  
photograph  
duly signed  
across

### 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 1 <sup>st</sup> or 2 <sup>nd</sup> schedule or Part - 2 of the 3 <sup>rd</sup> 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 :

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Signature of Applicant