



**Office of the Board of Councillors**  
**KATWA MUNICIPALITY**  
**P.O. KATWA, DIST. PURBA BARDHAMAN, PIN-713130**

**Detail Notification for recruitment of 1 (One) Health Officer (Contractual) within Katwa Municipality**

A Walk-in interview will be held for selection of a Health Officer on Contractual basis within Katwa Municipality under UPHCS, CBPHCS & HHW Scheme. Indian Citizen having medical qualification 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 with desirable qualification of 2 years practicing experience and having not more than 62 years of age as on 01.01.2025 are invite to attend the same on 25/09/2025 at 12:00 noon at Katwa Municipality. The minimum Qualification should be MBBS degree from a recognized university approved by Medical Council of India.

Applicants have to bring all testimonials in original and self-attested photocopies for proof of Educational Qualification. Technical Qualification, Proof of Age and resident on that day along with filled in application in plain paper as per prescribed format.

A recent coloured passport sized photograph is to be affixed over the application duly signed by the applicant across the photograph into earmarked box.

Application form not be sent to this end neither by hand/post nor through e-mail and /or any other way in any circumstances.

In terms of selection of Health Officer, decision of the Selection Committee is final.

Selected candidate will be appointed on contractual basis with a consolidated monthly remuneration of Rs. 62,000/- (Rupees Sixty Two Thousand Only) per month for the period of 01 (One) year from the date of joining and may be further extended subject to the satisfactory performance if deemed fit by the authority. The decision of Municipal authority in this regard is final.

Applicant should attend Katwa Municipality for **Walk-in-Interview on 25/09/2025 at 12:00 sharp.**

The willing candidates are requested to report at this **office sharp at 10:00 AM on 25/09/2025 for verification of documents.**

All kind of electronic gadgets are strictly not allowed during interview process.

The role and responsibilities of the Health Officer should be strictly in compliance with W.B. Municipal Act 1993 & NUHM & CBPHCS norms thereof.

  
Chairman

Katwa Municipality,  
Katwa, Purba Bardhaman

Memo No. **75(17)/KM/NUHM/2025** Dated Katwa, the **09/09/2025**

Copy forwarded for information and taking necessary action to:

- 1) The Director, SUDA with request to publish this Notification in their Official Website
- 2) The District Magistrate, Purba Bardhaman.
- 3) The CMOH & Secretary, DH & FWS, Purba Bardhaman
- 4) The S.D.O. Katwa, Purba Bardhaman
- 5) Vice Chairman, Katwa Municipality
- 6) Councillor, Katwa Municipality
- 7) The ACMOH, Katwa-Subdivision, Purba Bardhaman
- 8) O.C. Municipal Affairs, Purba Bardhaman
- 9) The Executive Officer, Katwa Municipality
- 10) The Finance Officer, Katwa Municipality
- 11) The Head Clerk, Katwa Municipality
- 12) The PHM, NUHM, Katwa Municipality
- 13) The Accountant, Katwa Municipality
- 14) Notice Board, Katwa Municipality
- 15) Notice Board, UPHC-I & II
- 16) The I.T. Co-ordinator, Katwa Municipality (instructed to publish this notification in office website of Katwa Municipality)
- 17) Guard File/Office Copy

  
Chairman

Katwa Municipality,  
Katwa, Purba Bardhaman



## APPLICATION FORM

To  
The Chairman,  
Katwa Municipality,  
P.O. Katwa, District- Purba Bardhaman.

Colored  
Passport Photo  
with Signature  
of the  
Applicant to be  
affixed

1. Name of the Post Applied for :
2. Applicant Name (In Block Letter) :
3. Father Name (In Block Letter) :
4. Communication Address (With Pin Code):
5. Gender :
6. Date of Birth :
7. Nationality :
8. Caste - SC/ST/OBC/General :
9. Contract No & E-mail address :

### 10. Educational Qualification:

Sl. No.	Name of Exam	Board/University/Council	Year of Passing	Total Marks	Class/Division	Percentage of Marks

### 11. Technical Qualification:

Sl. No.	Name of Exam	Board/University/Council	Year of Passing	Total Marks	Class/Division	Percentage of Marks



**12. Working Experience:**

Sl. No.	Organization	Designation	Period	Remarks

**13. Additional Qualification (if any):**

**14. Medical registration No. :-**

**(Attach medical registration Certificate):**

**Declaration:-**

I do hereby declare that the statements made in the application are true the best of my knowledge and belief and if any of the information given there in is not in conformity with this Advertisement my candidature shall liable to be cancelled.

**Dated:**

**Signature of the Applicant**

**List of Documents are enclosed with application**