Contact No: 03371482293

Email: chakdahamunicipality.in
Website: www.chakdahamunicipality.in

OFFICE OF THE ADMINISTRATOR

CHAKDAHA MUNICIPALITY

N.S. Road, Chakdaha, Nadia, Pin - 741222

Memo No.3131-/CM-2025-26

Date: 0.1/01/2026

Notification for Engagement of Health Officer (H.O) under, Chakdaha Municipality, West Bengal.

Chakdaha Municipality invites application from suitable candidates for the following post:-

1. Post: Health Officer (H.O),

No. of post-01(One),

The Health Officer (H.O) shall be engaged on contract initially for a period of 1(One) Year.

Qualification:

The applicant must have Medical Qualification include in 1st or 2nd schedule or Part-2 of the 3d schedule of Indian Medical Council Act 1956 and registration as Medical Practitioner of West Bengal.

Upper limit of age for the post is 62 Years as on 1st January 2026.

- 2. Application with all supportive documents must be reached by E-mail address chakdahamunicipality@ymail.com by 15.01.2026 (before 5.00 P.M) positively (Hard Copy of document(s) needless to submit; only application submitted through e-mail will be considered].
- 3. Application has to be made in the prescribed format (enclosed with this notification) only. The application form will have to be filled up on the basis of facts which they will have to substantiate subsequently showing the originals, on the date of interview, failing which there candidature will be cancelled.
- 4. Application reaching the above e-mail address after the stipulated date and time will not be considered for selection. "Application for the post of Health Officer under Chakdaha Municipality" should be superscribed on the subject of the e-mail e containing the field-in application form.
- 5. The application must be completed in all respects. Incomplete application will be summarily rejected.
- 6. The Candidate who do not have the required academic qualifications and competencies mentioned and who do not have capacities to discharge the responsibilities need not apply. Applications received from candidates not having the minimum academic qualifications and competencies will be summarily rejected.
- 7. Only short listed candidates will be called to attend the walk-in-interview and selection will be done on competitive basis.
- 8. Decision of the competent authority shall be final regarding selection of eligible candidate. Authority reserves the right to cancel all/any application without assigning any reason.
- 9. No TA/DA will be paid to the candidates appearing at the selection test/interview.

OL'OI, LOLG Executive Officer Chakdaha Municipality

Executive Officer
Chakdaha Municipality
Chakdaha, Nadia

APPLICATION FORM

(Relevant attested documents for educational qualifications and Work Experiences need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)

1. Posts applied for: Health Officer				The second state of
2. Name of The Applicant (in capita	l letter):			The candidate must affix here recent coloured
3. Name of Father/Husband:				photograph and sign across
4. Date of Birth:				31511 461 633
5. Age as on 01.01.2026:				
6. Sex:				
7. Nationality				
8. Religion:				
9. Caste (Gen/SC/ST/OBC):				
10. Postal Address:				
11. E-mail address (Mandatory):				
12. Contact No. (Mandatory):				
13. Education Qualification:				
Name of Examination	Year of Passing	% of Marks	Subjects	Board/University
		,		

Chakdaha, Madie

Chakdaha, Madie

Chakdaha, Madie

Contd-2

14. Additional Qualification (if any):

15. Working Experience (if any):

SI. No.	Name of the Organization	Name of the Post	Date of Joining	Date of Leaving	Total Working Period (in year)
		+		-	
				1	

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 note true and if I fail to produce relevant documents to support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any state of the selection/ engagement process.

Date:

Place:

Full Signature of the Candidate

OZ. O1. LOZb OZ. Officer Executive Municipality Chardana Municipality Chardana Municipality