

OFFICE OF RISHRA MUNICIPALITY

49/56/57 RABINDRA SARANI, RISHRA, HOOGHLY, 712248

EMPLOYMENT NOTICE

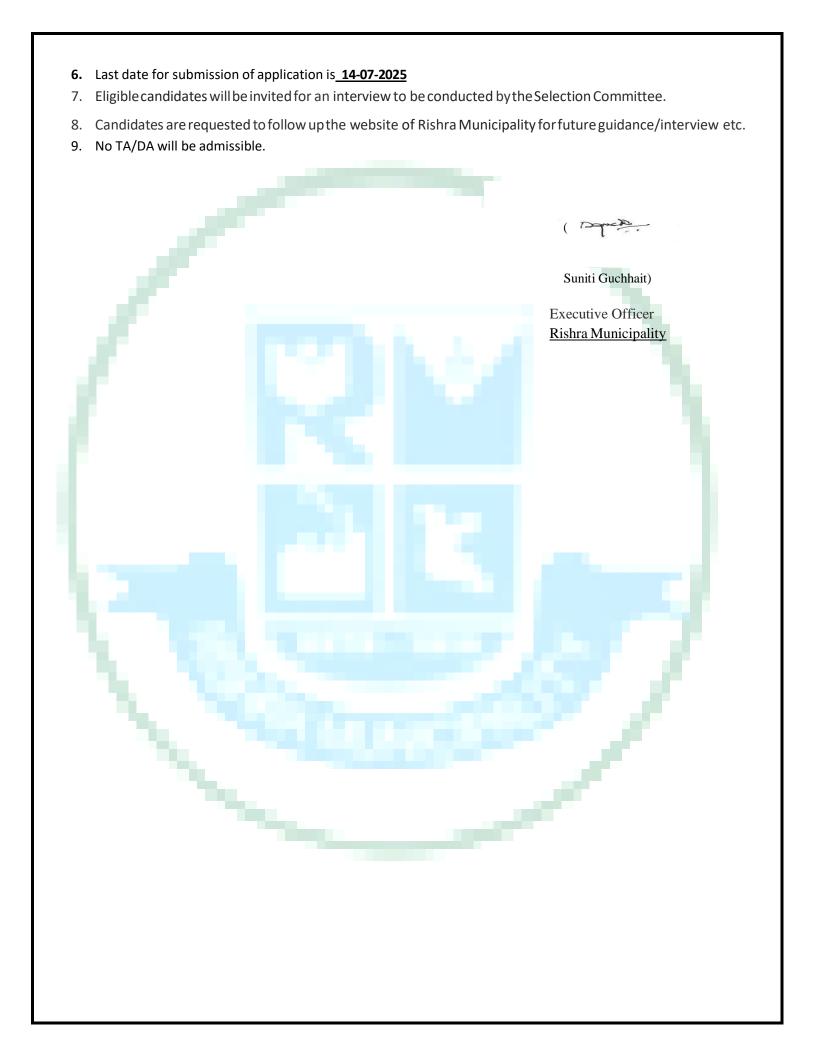
Ref No: 639/VII Dated: 02.07.25

Application in prescribed format are hereby invited by the undersigned from eligible candidates for engagement to the post of Health Officer (on Pure Contractual basis) to be posted at **Rishra Municipality, Hooghly**. Details are given in table below.

Name of the Post :	Health Officer		
Number of Post :	01(one)		
Qualification:	Essential: Medical qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd scheduled of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal with desirable qualification of 2(two) year practicing experiences		
Age:	Not exceeding 62 years as on 30.06.2025		
Process of Selection :	cess of Selection : Interview to be conducted by Selection Committee		
Remuneration :	Rs 62,000/- per month(Fixed)		

General Instruction

- 1. The Health Officer shall be engaged on contract initially for a period of 1(one) year.
- 2. Candidates must furnish self attested photo copies of all testimonials and certificate issued by the competent authority
- 3. Candidates must apply in the prescribed application from to be downloaded from the Rishra Municipality website www.rishramunicipality.org in A4 size paper.
- 4. The candidates have to submit their application through email only <u>rishramunicipality84@gmail.com</u>. All documents have to be scanned along with the application formin PDF format and in a single PDF file.
- 5. One self attested photograph is to be pasted on proper place of application format.



APPLICATION FORMAT (The application should be filled up in CAPITAL Letters only)

To
The Chairperson
Board of Administrators
Rishra Municipality
Rishra , Hooghly

Paste one self attested passport size photo

APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

Sir,

In response to your advertisement notice no. 639/VII dated 02-07-2025 for the post of Health Officer (Contractual), I prefer myself as a candidate for the post of Health Officer (Contractual). Details of my Bio-Data are given below:

1.	NAME
2.	FATHERS'/ HUSBAND'S NAME
3.	GENDER(Put Tick Mark): MALE FEMALE
4.	CATEGORY(Along with sub category, if any)
5.	DATE OF BIRTH (DD/MM/YYYY):
6.	NATIONALITY:
7.	ADDRESS FOR CORRESPONDANCE:
	PIN
8.	PERMANENT ADDRESS:
	PIN
9.	CONTACT DETAILS:
	MOBILE NO:
	EMAIL ID:

10. ACADEMIC QUALIFIC	ATION:
10. ACADEMIC QUALIFIC	ATION:

SI. No	Qualification	Year of passing	Board/ University	Total Marks	Marks Obtained	Percentage
1.	Secondary/Equivalent					
2.	H.S/ Equivalent					
3.	Medical Qualification (as per IMC Act.1956)					
4	Additional Qualification(if any)					

11.	REGISTRATION NO. OF WBMC :
12.	PRESENT OCCUPATION (IF ANY):
	NAME & ADDRESS OF EMPLOYER/OREGANIZATION:
13.	EXPERIENCE (IF ANY) :
	Declaration: I hereby declare that I have carefully read the conditions of eligibility mentioned in the
	advertisement. These condition are acceptable to me and I fulfill these conditions. I do hereby declare that particulars furnished above all correct.
	Date:
	Place:
	(Full signature of the candidate)