

## OFFICE OF THE COUNCILLORS

Jiaganj-Azimganj Municipality P.O.-Azimganj; Dist.-Murshidabad/ West Bengal; PIN-742122.

E-mail - jamunicipality@gmail.com Phone: 03483-253222

Recruitment notice No.: 3617 ESTB JAM 2025 Date:-20/08/2025



Walk-in-Interview

A walk-in-Interview will be held on 08/09/2025 to engage on contract basis for the position of Health Officer/Municipal Medical Officer of Health under CBPHC at Jiaganj-Azimganj Municipality. Eligible and interested candidates should appear as per below mentioned schedule:

Interview Schedule										
Date:	08/09/2025	08/09/2025								
Time:	Reporting Time	Reporting Time: 10:30 am								
Place	Town Centre"	Town Centre" 1st Floor, UPHC-1, Jiaganj-Azimganj Municipality								
Details of the position	l									
Name of the Position	: Municipal Me	edical Officer of Health (MM	OH)/ Health Officer							
Number of Vacancy	: 1(Unreserved)	)								
Consolidated	: Rs. 62,000/- (	: Rs. 62,000/- (Sixty Two Thousand) per month								
Remuneration	100									
Age limit	: Not more than 67 years as on 01/01/2025									
Essential Criteria	MBBS, comple	ted internship and must be re	egistered under West Bengal							
	Medical Counc	il								
Scale of scoring: Tota	l Marks 100		100							
Academic	For MBBS:	Post Graduate Degree	Experience							
		+ Diploma								
Total Qualification	Maximum 75	Maximum 10 + 05	Maximum 10							
Marks 100										

Qualification: Applicants must have medical qualifications included in the 1st or 2nd 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 qualifications of 2 years practicing experience.

The candidates must bring undernoted documents for verification at the walk-in-interview:

All original documents for verification and along with filled-up Application Form and their two sets of self-attested photocopies of all testimonials for submission:—

- a) Admit card of Madhyamik or equivalent.
- b) Medical Registration Certificate of the WBMC.
- c) All Mark sheets of MBBS.
- d) Degree or Diploma certificate after completion of MBBS.
- e) FMGE Certificate for candidates who have studied MBBS in outside countries.
- f) Internship Completion Certificate.
- g) All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- h) Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining (DOJ) and Date of Leaving (DOL)/still continuing, as applicable otherwise his/her experience will be treated as invalid. No offer of appointment/engagement will be treated as experience certificate.
- i) Retirement related all documents (If applicable).
- j) ID proof Passport or Voter ID Card or AADHAAR Card, (with photograph & issued by any appropriate authority).
- k) Two copies of recent passport size photograph.

## Instruction to the candidates:

- 1) No TA/DA is admissible.
- 2) The decision of the competent authorities regarding the recruitment is final.
- The competent authorities may cancel the recruitment process at any stage of the selection process.

Applicants are requested to visit <a href="https://murshidabad.gov.in/notice\_category/recruitment/">https://murshidabad.gov.in/notice\_category/recruitment/</a>, <a href="https://jamunicipality.org.in/jobs">https://www.sudawb.org/</a> & <a href="wbhealth.gov.in">wbhealth.gov.in</a> at the link "Recruitment" for information/instruction issued from time to time.

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The Chairman, Office of the Councillors
Jiaganj-Azimganj Municipality
Murshitalian
nganj-Azimganj Municipality

No: 3617 ESTB JAM 2005

/1/1(23) Date: 20 / 08 /2025

Copy forwarded for information and wide publication to:-.

- 1. Director of Health Services, Swasthya Bhawan.
- 2. Director of SUDA, West Bengal

- Programme Officer-I, NHM, Swasthya Bhawan
- Director, Finance, State FMG, NHM, Government of West Bengal
- 5. State Nodal Officer, NHM, Swasthya Bhawan Government of West Bengal
- Chief Medical Officer of Health, Murshidabad
- Sr. Accounts Officer, NHM, Government of West Bengal
- Dy. CMOH I/II/III/IV/DMCHO/DTO/ACMOH(S) Murshidabad.
- OC Health, Murshidabad
- 10. Accounts Officer, CMOH Office, Murshidabad
- 11. All BDOs & BMOHs, Murshidabad
- 12. Executive Officer, Jiaganj-Azimganj Municipality, Murshidabad
- 13. Accountants Officer, Jiaganj-Azimganj Municipality, Murshidabad
- 14. Finance Officer, Jiaganj-Azimganj Municipality, Murshidabad
- 15. MMOH, Jiaganj-Azimganj Municipality
- 16. DPM, DAM, DPM-Urban, CMOH Office, Murshidabad
- 17. Public Health Manager, Jiaganj-Azimganj Municipality
- 18. In charge, I.T Cell, Swasthya Bhawan with a request to display in Official Website
- 19. In charge, I.T Cell, SUDA, West Bengal, with a request to display in Official Website
- 20. In charge, DIO-NIC Murshidabad, with a request to display in Official Website
- IT Co-ordinator, Jiaganj-Azimganj Municipality, with a request to display in Official Website
- 22. All Dealing Assistant, NUHM, Jiaganj-Azimganj Municipality
- 23. Office Notice Board, Jiaganj-Azimganj Municipality, Murshidabad.

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The Chairman, Office of the Councillors,
Jiaganj-Azimganj Municipality

aganj-Azimganj Municipality

No: No: 3611/ES113/4HY/2005

/1/1(05)Date: 20 /08/2025

Copy forwarded for information and wide publication to:-.

1. District Magistrate, Murshidabad.

- 2. Addl. District Magistrate (Health), Murshidabad
- 3. SDO all, Murshidabad
- 4. OC (Health), Collector Building, Murshidabad.
- 5. DIO-NIC, Murshidabad, with a request to display in District Website (Scan/Copy).

The Chairman, Office of the Councillors,
Jiaganj-Azimganj Municipality

Aganj-Azimganj Municipality

## **Application Form**

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N	ame (In Capital Letter).									_	
	FIRST NAME:										
1.	MIDDLE NAME:										
	SURNAME:										
	Father's / Husband's										
2.	Name (In Capital Letter)										
3.											$\Box$
3.	Date of Birth (dd/mm/yyyy)			_		11					Щ
4.	Age as on 01/01/2025		Years				Months				
5.	Marital Status (Tick in appropri	ate	Married				Unmarried				
6.	Nationality:										
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9.																	
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11.	Working Experience:																
12.	Computer literacy: (Please Tick  ✓ in the right box)					Yes					N	0					
13.	Extr any)	ra Curriculur ):	m Activities	(if													
14.	Lang	Language Known: (Please Tick				Language			V	Writing			Reading		ng	Speaking	
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15.	Check list of documents (Please Tick ✓ or × in the right box)			
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**Declaration:** I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the applications are true and I shall furnish the necessary documents in the original whenever required.

If any information / details found to be incorrect /false at any stage of the selection process or if any fact found to have been cancelled by me or detected even after the appointment, my engagement likely to be cancelled.

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Place:

Full Signature of the Applicant

