

# OFFICE OF THE COUNCILLORS BARUIPUR MUNICIPALITY



Address:- Kulpi Road, P.O.-Baruipur, Dist.-South 24 Parganas, Kolkata-700144

E-mail: barui\_07@yahoo.com, Contact No.: **033 24338201, 033 24330980**

Memo No. 198/BM/Recruitment (H.O.)/2021

Date: 09.06.2021

Applications as prescribed format are invited from eligible persons for appointment to the post mentioned below:-

| SI No | Name of The Post | No. of Vacancy | Eligibility  |
|-------|------------------|----------------|--|
| 1.    | HEALTH OFFICER   | 1 (Unreserved) | Medical qualifications included in the First or Second<br>1. Schedule or Part-II of the Third Schedule of the Indian Medical Council Act , 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of two practicing experience.<br>2. Age - Limit — not more than 62 years as on 01 <sup>st</sup> January , 2020 |

### Terms and Condition:

1. The contractual remuneration of the Health Officer will be fixed at Rs.62000.00 (Rupees Sixty Two Thousand) only per month.
2. The Health Officer shall be engaged on contract initially for period of 1(one) year.
3. The Candidates will have to apply in the prescribed Application Format.  
Application Format is to be downloaded from the Website of Baruipur Municipality: [baruipurmunicipality.org.in](http://baruipurmunicipality.org.in) and SUDA Website: <https://sudawb.org>
4. Candidate should enclose self-attested photocopy of the Age, Address & Qualification etc. certificate with the application.
5. NOC requires for those applicants who are working in any organisation / Government.
6. The Candidates have to submit their applications through e-mail ([nuhmbarui@gmail.com](mailto:nuhmbarui@gmail.com)) or By Post only. All documents have to be scanned along with the application from in PDF format.
7. All communication with candidates will be made through e-mail or Phone only.
8. The Last Date for submission of application is – 23.06.2021 within 5.00 PM. After 5.00 PM no application received by mail or by Post.
9. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

  
Chairperson, Baruipur Municipality  
&  
Chairman of the Selection Committee

Memo No. 198/BM/Recruitment(H.O.)/2021(12) Date: 09.06.2021

### Copy forwarded for information and necessary action to:-

1. The Director, State Urban Development Agency
  2. The District Magistrate, South 24 Parganas
  3. The Chief Medical Officer of Health, South 24 Parganas
  4. The Sub Divisional Officer, Baruipur Sub - Division
  5. The Member, Board of Administrators, Baruipur Municipality
  6. The Executive Officer, Baruipur Municipality
  7. The Finance Officer, Baruipur Municipality
  8. The Head Clerk , Baruipur Municipality
  9. The Accountant, Baruipur Municipality
  10. The Nodal Officer — Health, Baruipur Municipality
  11. The IT coordinator, Baruipur Municipality
- Please upload this matter to the official website of Baruipur Municipality
12. Office Notice Board, Baruipur Municipality

  
Chairperson, Baruipur Municipality  
&  
Chairman of the Selection Committee

**Shakti Roy Chowdhury**  
Chairperson  
Board of Administrators  
Baruipur Municipality

# APPLICATION FORM

To  
The Chairperson,  
Board of administrators  
Baruipur Municipality  
P.O. & P.S. – Baruipur  
Dist. – South 24 Parganas  
Kolkata - 700144

Affix Self  
attested  
recent  
color  
passport  
size photo

## Application for the post of “HEALTH OFFICER”

1) Full Name ( In Capital Letters) :

.....

2) Father’s / Husband’s Name ( In Capital Letters) :

.....

3) Gender : Male  Female  Others

4) Date of Birth (DD/MM/YYYY) :.....

5) Nationality: ..... Age (As on 1<sup>st</sup> January 2020): .....

6) Present Address for communication (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

7) Permanent Address (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

8) Contact No. : .....

9) E-mail ID : .....

**10) Academic Qualifications :**

| Sl No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|--------------------|---------------------------|-----------------|-------------|----------------|------------|
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |

**11) Additional Qualification (if any) :**

.....  
.....

**12) Working Experience (if any) :**

| Sl No | Name of the Organization | Name of the post | Date of Joining | Date of Leaving | Total Working Period (in years) |
|-------|--------------------------|------------------|-----------------|-----------------|---------------------------------|
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |

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 not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

**Date :**

**Place :**

\_\_\_\_\_  
**Full Signature of the Applicant**