তাম্রলিপ্ত পৌরসভা OFFICE OF THE COUNCILLORS OF TAMRALIPTA MUNICIPALITY

স্থাপিত - ১৮৬৪ 🌣 Estd. - 1864

তমলুক - পূর্ব মেদিনীপুর - ৭২১৬৩৬ ❖ TAMLUK - PURBA MEDINIPUR - 721636 Web : www.tamraliptamunicipality.org ❖ e-mail : chairman@tamraliptamunicipality.org

Phone: (03228) 266007 / 267370, Fax - (03228) 266007

প্রেরক From পৌরপিতা Chairman তাম্বলিপ্ত পৌরসভা Tamralipta Municipality প্রতি To:



শ্মারক / পত্রাঙ্ক নং Memo No. 108 র্চ তারিখ, তমলুক Dated, Tamluk, The 10-12 - 2025

RECTIFIED EMPLOYMENT NOTICE

In terms of No. 1506- UDMA-11012(99)/45/2021 DT. 27.06.2025 of the Special Secretary to the Govt. of West Bengal, UD & MA Dept. Govt. Of West Bengal issued in light of the Memo No 925//MA/O/C-9/2A-7/2015 dated 02.11.2020 read with Memo No Suda-11017(18)/1/2020/5608 dated 04.11.2020 of the SUDA applications are invited on line in the prescribed application form from the eligible candidate for engagement of one (1) Health officer (Unreserved) on contractual basis for one year under UPHCS of Tamralipta Municipality as per the following guidelines.

- 1. The Health Officer shall be engaged on contract initially for a period 1(one) year from the date of joining to the post.
- 2. The contractual remuneration of the Health Officer will be Rs. 62000/- (Rupees Sixty Two Thousand)only per month.
- The application must have Medical Qualifications included in the First or Second 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 years practicing experience.
- 4. Age Limit Not more than 62 years as on 1st January,2025
- 5. The Candidates will have to apply in the prescribed application format to be downloaded from the website https://tamlukmunicipality.org/ of Chairman, Tamralipta Municipality, CMOH, Purba Medinipur. And SUDA website: https://sudawb.org.
- 6. Candidates should enclose self attested photocopy of the age, address. Proof & qualification certificate, etc. with the application.
- 7. NOC requires for those candidate who are working in any organization/ Government
- 8. The Candidates have to submit their application along with the documents stated through e- mail tamraliptaulb@gmail.com only.
- 9. All communication with candidates will be made through e-mail only.
- 10. The last date for submission of application is 29/12/2025 up to 5.00 P.M and application will be received by mail only.

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প্রেরক From পৌরপিতা Chairman তাম্রলিপ্ত পৌরসভা Tamralipta Municipality প্রতি To:



1086 স্মারক / পত্রাঙ্ক নং Memo No. তারিখ, তমলুক

11. Eligible candidates will be invited for an interview to be conducted by the Selection

Encl: - Application Form

Chairman, Tamralipta Municipality & Chairman of Selection Committee of Tamralipta Municipality for engagement of Health Officer in contract.

No. 1086//(9)

Date.- 10-12. 2025

Copy forwarded for information and taking necessary action to:

- 1. The Special Secretary to the Govt. of West Bengal, UD& MA Deptt., Nagarayan
- 2. The Director, SUDA, Kol-106 with request to kindly arrange for uploading this Notice along with the prescribed format in the Official website of SUDA, WB
- 3. The District Magistrate, Purba Medinipur.
- 4. The CMOH, Purba Medinipur with request to kindly arrange for uploading this Notice along with the prescribed format in the Official website of CMOH, Purba
- 5. The Sub –Divisional Officer, Tamluk, Purba Medinipur.
- 6. The C.I.C, health & Convenience, Tamralipta Municipality
- 7. All Members of Selection Committee of Tamralipta Municipality for engagement of Health Officer on contract.
- 8. The IT Co- Ordinator, Tamralipta Municipality with a direction to download the application for the Post from thee-mail I.D of This Municipality & take print our of the same & submit such application from time to time to the Executive Officer, Tamralipta Municipality.
- 9. Notice Board/ Guard File, Tamralipta Municipality.

Lillianu Chairman, Tamralipta Municipality & Chairman of Selection Committee of Tamralipta Municipality for engagement of Health Officer in contract

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

To The Chairman Tamralipta Municipality Tamluk. Paste oneself attested passport

APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

Sir,

In response to your advertisement notice no. dated -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, ifany)	
5. DATE OF BIRTH(DD/MM/YYYY):	
6. NATIONALITY:	
7. ADDRESS FOR CORRESPONDANCE:	
	••••
8. PERMANENT ADDRESS:	••••
	•••••
PIN	
. CONTACT DETAILS:	
MOBILE NO: EMAILID:	

10. ACADEMICQUALIFICATION:

SI. No	Qualification	Year of passing	Board/ University	Total Marks	Marks Obtain ed	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 (IFANY):
NAME & ADDRESS OF EMPLOYER/OREGANIZATION:
13. EXPERIENCE (IFANY)
<u> </u>
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. I do hereby declare that particulars furnished above all correct.
Date:
(Full signature of the candidate)