

OFFICE OF THE BOARD OF COUNCILLORS OF SANTIPUR MUNICIPALITY

(Estd. - 1853)

P.O. - Santipur, Dist. - Nadia, Pin. - 741404



..... Department

Memorandum No. 01/NUHM.

From :

Dated, Santipur the 10th July, 25

To :

Employment Notice No:

/Health

Dated:

Santipur Municipality has decided to engage 1 (One) Health Officer at consolidated remuneration of Rs. 62000/- (Sixty-two thousand) only on Contract Basis. Last date and time of submission of application is 25-07-2025 by 2:00 pm. For details, please visit the website: www.santipurmunicipality.org and www.sudawb.org.

Sd/-
Chairman
Santipur Municipality

APPLICATION FORMAT

(The application should be filled up in CAPITAL letters only)

Post applied for Health Officer (Contractual)

To,
The Chairman,
Santipur Municipality

AFFIX PASSPORT
SIZE PHOTO

Sir,

I apply for the post of ~~Full time~~ Health Officer (Contractual) in Santipur Municipality.

1.NAME.....

2.FATHER/HUSBAND
NAME.....

3.GENDER:MALE/FEMALE.....

4.CATEGORY (Alongwith sub-category,if any).....

5.DATE OF BIRTH (DD/MM/YY)

6.NATIONALITY

7. ADDRESS:

ADDRESS OF CORRESPONDENCE

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PERMANENT ADDRESS.....

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8. CONTACT DETAILS:

Mobile No.....Land line No.....

e-mail ID.....

9. ACADEMIC QUALIFICATION

Sl. No.	School/Board/University	Degree/Diploma	Year of passing	Percentage of Marks obtained

10. ADDITIONAL QUALIFICATION (IF ANY):

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11. PRESENT OCCUPATION (IF ANY) :

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12. NAME & ADDRESS OF PRESENT

EMPLOYER/ORGANISATION:

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13. EXPERIENCE (IF ANY):

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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 application are true and I shall furnish the necessary documents in original whenever required. If any information/details is found to be to be Incorrect/false at any stage of the selection process or if any fact is found to have been concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall be taken against me.

Date.....

Place.....

Full Signature of the Candidate