



ULUBERIA MUNICIPALITY
O.T ROAD, BAZARPARA, ULUBERIA, HOWRAH – 711315
E-MAIL: uluhealth@gmail.com / uluberia.municipality@gmail.com
TELE: 2661 0274, FAX: 2661 1395
URL: uluberiamunicipality.org



Memo No. UM/Health/4511

Date: 14/07/2025

Engagement Notice

Applications in prescribed format are hereby invited by the undersigned from eligible candidates for engagement to the post of Health Officer/MMOH (on Contract) to be posted at Uluberia Municipality, Uluberia, Howrah. Details are given below:

Name of the Post	Health Officer/MMOH (Municipal Medical Officers of Health)
Number of Post	01 (One) UR
Qualification	Essential: Medical Qualification included in the 1st or 2nd Schedule or Part-2 of the 3rd Schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal with desirable qualification of 2 (Two) years practicing experience.
Age	Not exceeding 62 years as on 01-01-2025
Process of Selection	Interview to be conducted by the Selection Committee
Remuneration	Rs. 62,000/- per month (Consolidated)

General Instruction:

1. The Health Officer/MMOH (Municipal Medical Officers of Health) 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 certificates issued by the competent authority.
3. Candidates must bring filled up application in prescribed format, which is to be downloaded from Uluberia Municipality website: www.uluberiamunicipality.org in A4 size paper.
4. One self-attested photograph is to be pasted on proper place of application format.
5. Eligible applicants are directed to attend walk-in-interview on **06-08-2025** at **03.00 PM** in the Conference Room of Uluberia Municipality.



[Signature]
Chairman, Uluberia Municipality
&
Chairman of the Selection Committee
[Signature]
Chairman
Uluberia Municipality

APPLICATION FORM
(Fill-in the form in CAPITAL LETTER only)

[illegible]

12. Employment Record:

Total years of post-qualification experience) :

13. Details of Employment: (Use separate sheets if required).

Starting with your present employment list in reverse order all the employments you have had.

13 A. Current Employment:

Name of Employer:

From Month / Year	To Month / Year	<u>Designation</u>

Location of Employment:

Description of your duties:

13 B. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

13 C. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

14.

A. Whether 01 year internship done (Yes / No) _____

B. Whether Registered under West Bengal Medical Council (Yes / No)? _____ Registration Number : _____

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect, then I do believe and understand that my candidature for contractual recruitment to the post I have applied for is liable to be cancelled without any further intimation to me.

Place :

Date :

Signature of the Applicant