: (03452) 255 164 / 255 767
Fax : (03452) 256 600
: guskaramunicipality@yahoo.in

# OFFICE OF THE
# GUSKARA MUNICIPALITY

P.O.: Guskara, Dist.: Purba Bardhaman, Pin - 713128, W.B.

ESTD.: 1988

Memo No. 399/G.M

Dated, Guskara, the 20.06.2025

## Walk- in Interview

A walk- in interview for the post of **Health Officer (Contractual)** will be conducted on **07.07.25 (Monday) from 12:00 pm to 1:00 pm.in the Meeting Hall of Guskara Municipality.** Kindly bring all relevant **testimonials** alongwith **2 sets of photocopies (Self Attested)** and 2 **passport size photographs.** For details Please visit our website www.guskaramunicipality.co.in & **www.sudawb.org**

| Sl. No. | Name of Post | Monthly consolidated Contractual Remuneration | No. Of post | Qualification Required for the post | Maximum age limit (As on 01.01.2025) |
|---|---|---|---|---|---|
| 01 | Health Officer (Contractual) | Rs.62,000.00 | UR-01 | Medical qualification 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 qualifications of 2 years practicing experience | Not more than 62 years |

**GENERAL INFORMATION :-**

1. The contractual remuneration of the Health Officer will be fixed at Rs.**62, 000/- only per month.**
2. The Health Officer shall be engaged on contract initially for a period of **01 (One) year.**
3. The Candidate will have to come with duly filled prescribed format available in our website.
4. **NOC requires** for those applicants who are working in any organization/Government.

20.6.25

Chairman
Guskara Municipality

Kusal Mukherjee
Chairman
Guskara Municipality

Contd.page-2

: (03452) 255 164 / 255 767
Fax : (03452) 256 600
: guskaramunicipality@yahoo.in

# OFFICE OF THE
# GUSKARA MUNICIPALITY

P.O.: Guskara, Dist.: Purba Bardhaman, Pin - 713128, W.B.

ESTD.: 1988

Memo No. 399/1(16)/G:M

Dated, Guskara, the 20:06:25

**Copy forwarded for information & necessary action to:-**

1. The Director, SUDA, Kolkata
2. The District Magistrate, Purba Bardhaman.
3. The Sub Divisional Officer,Bardhaman Sadar (North), Purba Bardhaman.
4. The CMOH, Purba Bardhaman.
5. Vice-Chairman, Guskara Municipality.
6. President, Health,Education and Urban poverty Elevation standing committee and Councilor , Guskara Municipality.
7. President, Public Health & Sanitation standing committee and Councilor, Guskara Municipality.
8. The Executive Officer Guskara Municipality.
9. The Finance Officer Guskara Municipality.
10. The BDO, Ausgram –I No Block, Guskara.
11. The BMOH, BPHC, Ausgram –I , Bannabagram.
12. The Post Master, Guskara Sub Post Office, Guskara.
13. The Station Manager, Guskara Rail Station, Guskara.
14. The S.I. (CBPHCs),Guskara Municipality.
15. The IT Co-ordinator, Guskara Municipality-she is requested to upload the notice and application format in the Municipality website.
16. Office Notice Board, Guskara Municipality.

20.6.25

Chairman
Guskara Municipality

## APPLICATION FORMAT

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

**Post applied for Health Officer (Contractual)**

To ,
The Chairman,
Guskara Municipality

AFFIX PASSPORT SIZE PHOTO

Sir,

Application for the post of Health Officer (Contractual) in Guskara Municipality.

1.NAME .....

2. FATHERS/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 .....

.....

.....

PERMANENT ADDRESS.....

.....

.....

8.CONTACT DETAILS:

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

e-mail ID.....

9.ACADEMIC QUALIFICATION

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

10.ADDITIONAL QUALIFICATION (If any):

.....

.....

.....

11.PRESENT OCCUPATION (IF ANY):

.....

.....

12.NAME & ADDRESS OF PRESENT

EMPLOYER/ORGANISATION:

.....

.....

13.EXPPERIENCE (if any):

.....

.....

.....

**Declaration:** I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These condition 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