

**OFFICE OF THE BOARD OF COUNCILLORS
DALKHOLA MUNICIPALITY**

P.O- DALKHOLA, DIST- UTTAR DINAJPUR



Phone:- 9434171344

email:- chairman.dlkmunicipality@gmail.com

Memo No.

475/A/DLKM

Date:-

01/08/25

Notification FOR Engagement of Health Officer (H.O) under Dalkhola Municipality, West Bengal
Dalkhola Municipality invite application from suitable candidates for the following post:-

1. Post:- Health Officer (H.O),

No. of post- 01(One)

The Health Officer (H.O) Shall be engaged on contract initially for a period of (One) year.

Qualification:

The application must have Medical Qualification include in 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.

Upper limit of age for the post is 62 years as on 1st January 2025.

2. Application with all supportive documents must be reached by E-mail address chairman.dlkmunicipality@gmail.com by 15.08.2025 (before 5.PM) positively (Hard Copy of document(s) needless to submit, only application submitted thoroughly e-mail will be considered)
3. Application has to be made in the prescribed format (enclosed with this notification) only. The application form will have to be filled up to the basis of facts which they will have to substantiate subsequently showing the originals, on the date of interview, failing which there candidature will be cancelled.
4. Application reaching the above e-mail address after the stipulated date and time will not be considered for selection "Application for the post of Health Officer under Dalkhola Municipality " should be superscribed on the subject of the e-mail e containing the field-in application form.
5. The application must be completed in all respects. Incomplete application will be summarily rejected.
6. The candidate who do not have the required academic qualification and competencies mentioned and who do not have capacities to discharge the responsibilities need not apply. Application received from candidates not have the minimum academic wqualification and competencies will be summary rejected.
7. Only short listed candidate will be called to attend the walk-in-interview and selection will be on competitive basis.
8. Decision of the competent authority shall be final regarding selection of eligible candidate. Authority reserves the right to cancel all/any application without assigning any reason
9. No. TA/DA will be paid to the candidates appearing at the selection test/intervies.


Chairman

Dalkhola Municipality
Dalkhola Municipality

Dalkhola Municipality

P.O: Dalkhola, Dist Uttar Dinajpur, Pin 733201
(West Bengal)

The candidate
must affix here
recent coloured
photograph and
signature across.

APPLICATION FORM

(Relavant attested documents for educational qualification and Work Experience need to be attached with this application form and original documents will be checked at appropriate tinme to be notified in due course)

1. Name of the candidate (in capital Letter):
2. Post applied for : Health Officer
3. Name of Father/ Husband:
4. Date of Birth:
5. Age as on 01.01.2025
6. Sex:
7. Nationality:
8. Religion:
9. Caste (Gen/SC/ST/OBC):
10. Postal Address:
11. E-mail address (Mandatory):
12. Contact No. (Mandatory):
13. Education Qualification:

Name of Examination	Year of Passing	% of Marks	Subjects	Board / University
Others, if any				

Contd-2

Details of relevant work experience (starting with the current ? most recent one (add more cells and pages if required))

SL No	Organization / Office	Post held	From	To	Total period (years & months)
1					
	Major responsibilities / tasks performed				
2					
	Major responsibilities / tasks performed				
3					
	Major responsibilities / tasks performed				
4					
	Major responsibilities / tasks performed				
Total experience					

15. Whether the present organization will release immediately (in case contractual engagement is offered): Yes/No (indicate with ✓ mark):

I do hereby certify that all the details stated above are true and that in case information proves false my candidature will be liable to be cancelled.

Date:

Place:

Full Signature:.....