

OFFICE OF THE BOARD OF ADMINISTRATORS OF SANTIPUR MUNICIPALITY  
(Estd.-1853)

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



Code: 953472  
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Ref. No. 12 / HEALTH

Dated- .8.2021

**WALKING INTERVIEW Notice No. 12 /HEALTH Date- 06/8/2021.**

Application is hereby invited from the eligible candidates for purely contractual engagement of Health Officer for the following post for Santipur Municipality

Sl. No	Name of Post	Qualification / Experience / Remuneration	No. of posts
01.	HEALTH OFFICER (CONTRACTUAL)	i) MUST HAVE MEDICAL QUALIFICATION AS PER 1st /2nd SCHEDULE or Part-2 OF 3rd SCHEDULE OF THE INDIAN MEDICAL COUNCIL ACT 1956 & REGISTRATION AS MEDICAL PRACTITIONER OF WEST BENGAL. ii)Necessary Experience: 2 YEARS PRACTICING EXPERIENCE iii)Consolidated monthly pay: Rs.40000/-only(all inclusive)	01  AGE BAR: NOT MORE THAN 62 YEARS AS ON-1.1.2021

**Terms and Conditions are noted below:**

1. The age of the candidate for H.O post should not be more than 62 years & below 18 years as on-1.1.2021.
2. Contratual monthly remuneration for each post will be Rs 40,000 /- (Rupees Forty thousand only)
3. Candidates must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authority with application.
4. Candidates should apply in a A4 page (Prescribed Application Format is enclosed herewith.(Application format may also be downloaded from Municipality website ie [www.santipurmunicipality.org](http://www.santipurmunicipality.org).)
5. Candidates should enclose self-attested photocopy of the age proof certificate with the application.
6. Self-attested recent passport size photo to be pasted on Application Form and name of the post for which applied must be mentioned on the cover of the application and the top of the application form as "Application for the post of HEALTH OFFICER"
7. Duly filled in Application along with self attested necessary supporting in connection with age proof, necessary qualification proof, experience certificate etc. in a sealed envelope superscripted as-'APPLICATION FOR THE POST OF HEALTH OFFICER of Santipur Municipality' should reach on the following address by registered post to the Address: The Administrator,Santipur Municipality,N.S road,Santipur-741404,Nadia,W.B.
8. Candidates are requested to view the Website of Municipality-[www.santipurmunicipality.org](http://www.santipurmunicipality.org) for further details.
9. **LAST DATE OF SUBMISSION OF APPLICATION IS -25/08/2021 upto 12 noon(if holiday declared then immediate next office day upto 4pm.)**
- 10.Mode of Selection- INTERVIEW
- 11.Municipality has the full right to reject any application without assigning any reason.
- 12.Incomplete application must be cancelled automatically.
- 13.NOC must be enclosed for the in service candidates from the present employer.
- 13.For postal delay municipality has no responsibility. After the last date and time no application will be entertained.
- 14.Any kind of canvassing is highly prohibited.
- 15.This Notice can be seen in website of UDMA ----<https://www.wburbanservices.gov.in/page/recruitment>

**16.Eligible applicant may come to the walking interview dated-25.8.2021 at 12:30pm at this Office with all original testimonials along with formal application as well as CV.**

**17.NO TA /DA will be admissible for this Interview.**

**18.After 12noon of the 25.8.2021 no applications will be entertained further.**

applicant

N.B: Who had already been applied in ref. with vacancy notice no 01/HEALTH dt-14.7.21 need not apply further.

  
CHAIRPERSON,BoA,  
SANTIPUR MUNICIPALITY  
Chairperson  
Board of Administrators  
Santipur Municipality

To: The Administrator, Santipur Municipality

Sub: APPLICATION FOR THE POST OF CONTRACTUAL HEALTH OFFICER OF SANTIPUR MUNICIPALITY  
Ref. Vacancy Notice No. /HEALTH Dated- /7/2021.

1. NAME (IN CAPITAL LETTERS):

2. FATHER'S/MOTHER'S/SPOUSE NAME:

3. POSTAL ADDRESS (PRESENT AND PERMANENT):

4. CONTACT NO. & EMAIL ID:

5. Registration No. & Date of the Medical Council (W.B):

6. SEX:

7. DATE OF BIRTH:

8. EDUCATIONAL NECESSARY QUALIFICATION:

9. NECESSARY EXPERIENCE:

10. OTHER INFORMATION (IF ANY):

11. List of Enclosures:

- i) self addressed & stamped envelop
- ii) Recent self attested colour passport size photo one affixed in the top of this application & one in addition.
- iii) self attested age proof
- iv) self attested Necessary qualification proof
- v) Experience certificates
- vi) NOC from the present employer (if any)
- vii) Self Attested Identity Proof (UID, EPIC, PAN etc.)
- viii) WBMC registration proof (self attested)