



Office of the Municipal Councillors Bankura Municipality

From: *Aloka Sen Majumdar*
CHAIRPERSON,
BANKURA MUNICIPALITY

Office: 250367,250344,254804
Fax: 03242-259269/250367
E-mail: bankuramunicipality@rediffmail.com
Website: www.bankuramunicipality.org

Memo No. *1537/BM*

Dated, Bankura the *08/07/2025*

Employment Notice for Contractual Engagement of one Health Officer in Bankura Municipality.

In terms of the order issued by the Special Secretary to the Govt. of West Bengal, Urban Development & Municipal Affairs Department vide memo no. 1556-UDMA-11012(99)/45/2021 dated 04.07.2025 read with G.O no. 925/MA/O/C-9/2A-7/2015 dated 02.11.2020 issued by the UD & MA Department & memo no. 582/UDMA-13014(99)/78/2020-BDG-MA SEC dated 26.02.2021, a **Walk-in-interview** has been arranged for engagement to the post of one **Health Officer** purely on contract under HHW Scheme initially for a period of 1(one) year from the date of joining to the post. The willing eligible candidates are requested to reach the office of the Bankura Municipality, Machantala, PO+PS+Dist. Bankura on **16/07/2025, Wednesday from 12.00 noon to 2.00 pm** positively.

Eligibility of the candidate :-

- 1) **Age limit** : Not more than 62 years as on 01.01.2025.
- 2) Candidate must have medical qualifications 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 qualifications of 2 years practicing experience.
- 3) The contractual remuneration of the Health Officer will be fixed at Rs. 62,000 (Rupees Sixty Two Thousand only) per month.

Points to note before appearing for the walk-in-interview :-

- Aspirants willing to attend the interview should carry the following documents/ testimonials along with them, at the Interview hall. Also they have to produce all their documents / testimonials in original before the interview board.
- An application format (proforma enclosed) duly filled in.
- Self attested proof regarding permanent residential status (Passport / Voter ID card/ Aadhar card/ Ration card, etc) to be submitted along with application.
- Self attested copies of all relevant certificates are to be submitted along with NOC from employer in case of candidate being employed at present in any public/ private institution / establishment.
- No TA / DA will be admissible for attending the said interview.
- Decision of the Selection Committee will be final regarding selection of candidates.

08/07/25
Chairman of Selection Committee
&
Chairperson, Bankura Municipality

Memo No. *1537/1(7)/BM*

Dated :- *08/07/25*

Copy forwarded for kind information to:

- 1) The Director, SUDA, Health wing, ILGUS Bhawan, Salt lake, Kol-106 with the request kindly to upload the notice to his official website.

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- 2) The Special Secretary to the Govt. of West Bengal, UD & MA department.
- 3) The District Magistrate, Bankura (MA section, Dist Collectorate) with the request to display it in his Notice Board and upload it to his official website.
- 4) The C.M.O.H, Bankura with the request to display it in his Notice Board and upload it to his official website.
- 5) IT Co-ordinators, Bankura Municipality is directed to upload it in the website of Bankura Municipality-
www.bankuramunicipality.org.
- 6) Notice Board of this office.
- 7) Office copy.

DOB/07/25
Chairman of Selection Committee
&
Chairperson, Bankura Municipality

*Chairperson
Bankura Municipality*

APPLICATION FORMAT

To
The Chairperson
Bankura Municipality
&
The Chairman,
Selection Committee
P.O.+P.S.+ Dist.-Bankura.

Paste recent
Passport size colour
photograph duly
signed across

APPLICATION FOR THE POST OF HEALTH OFFICER (on Contractual basis)

Madam,

In response to your Advertisement Notice no.....dated..... for the post of Health Officer (on contractual basis), I prefer myself as a candidate. Details of my candidature are given below:-

1. Name (in Block Letters) : _____
2. Father's /Husband's Name : _____
3. Date of Birth (dd/mm/yyyy) : _____
4. Age (as on 01/01/2025) : ____ Yrs ____ Months ____ Days 5. Sex (M/F) : _____
6. Whether (SC/ST/OBC/GEN/PH) : _____ 7. Nationality : _____
8. Address
 - a) Corresponding Address : _____
(With PIN Code) _____
- Permanent Address : _____
(With PIN Code) _____
9. Mobile No. : _____ 10. Email ID : _____

11. Academic Qualification:-

Sl. No.	Name of Examination	Board /University Name	Year of Passing	Total Marks	Marks Obtained	% of Marks	Division
1.	Madhyamik / Equivalent						
2.	H.S. / Equivalent						
3.	Medical Qualification :- Medical qualification include in the 1 st or 2 nd schedule or part-2 of the 3 rd schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal						
4.	Others (give details)						

12. Experience Details :-

Sl No.	Details of employer (Organisation Name & Address)	Joining Date	Working Tenure (in complete years)	Designation & Job Description

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 fulfil these conditions. The details mentioned in the application are true and I shall furnish the necessary certificates whenever required.

If any information/details found to be incorrect/false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my services may be terminated.

Date: _____

Place: _____

Full Signature of the Candidate