

# Office of the Board of Administrators , Bankura Municipality



From: *Aloka Sen Majumdar*

CHAIRPERSON,  
BOARD OF ADMINISTRATORS  
BANKURA MUNICIPALITY

Office: 250367,250344,254804

Fax: 03242-259269/250367

E-mail: bankuramunicipality@rediffmail.com

Website: www.bankuramunicipality.org

Memo No. *1389/BM*

Dated, Bankura the *28/07/2021*...

## NOTICE

A walk-in-interview will be held in the office chamber of the Chairperson, Board of Administrators, Bankura Municipality, Machantala, PO+PS+Dist. Bankura from 11.00 AM onwards on 11.08.2021 for engagement of one Sanitary Inspector on purely contractual basis for this Municipality. Particular for the post are as under:-

| Sl No | Name of the post   | No. of Vacancy and mode of Recruitment | Educational Qualification                                                                                                         | Experience                                      | Age Limit      | Nature of Job                                                                                   | Consolidated Remuneration |
|-------|--------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|---------------------------|
| 1     | Sanitary Inspector | 1 (One) On Contract basis              | H.S. or equivalent from recognized institution with Diploma or Certificate in Sanitary Inspectorship from recognized institution. | Preference will be given to experience holders. | 21 to 40 years | Overall Control, supervision, coordination, operation and maintenance of conversancy Department | Rs.15,000/- per month     |

Interested candidates are requested to report on 11.08.2021 at 10.30 A.M. with all original qualification and experience certificates along with a set of Xerox copies and filled up Bio-Data (in enclosed format).

**Retired persons with sound health below the age of 64 years may also appear for this engagement.**

The engagement is purely contractual for one year or regular fulfillment of the said vacancy, whichever is earlier and may be renewed on the basis of requirement of the municipality.

*Aloka Sen Majumdar*  
Chairperson

Board of Administrators  
Bankura Municipality  
Date: *28/07/21*

Memo No. *1389/1(7)/BM*

Copy forwarded for favour of information to :

- 1) The District Magistrate, Bankura with a request to display in the notice board and website of the district.
- 2) The Executive Officer, Bankura Municipality.
- 3) The Finance Officer, Bankura Municipality.
- 4) The Head Clerk in charge Bankura Municipality
- 5) The Accountant in the Charge Bankura Municipality
- 6) The Pension in charge Bankura Municipality
- 7) The I.T. Co-coordinator, Bankura Municipality directed to publish in this office website.



*Aloka Sen Majumdar*  
Chairperson

Board of Administrators  
Bankura Municipality  
Date: *28/07/21*



## APPLICATION FORMAT

To  
The Chairperson  
Board of Administrators  
Bankura Municipality  
P.O. & Dist.-Bankura.

Affix Passport size  
recent colour  
photograph duly  
Signed by the  
Candidate

Post applied for \_\_\_\_\_

1. Name of Candidate (in Block Letters) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth (dd/mm/yyyy) : \_\_\_\_\_
4. Age (as on 01/01/2021) : \_\_\_ 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 |
|---------|---------------------|------------------------|-----------------|-------------|----------------|------------|----------|
|         |                     |                        |                 |             |                |            |          |
|         |                     |                        |                 |             |                |            |          |
|         |                     |                        |                 |             |                |            |          |
|         |                     |                        |                 |             |                |            |          |

12. Details regarding Diploma or Certificate in Sanitary Inspectorship :-

| Name of the Course | Institution Name | Course Duration | Year of Passing | Marks Obtained | % of Marks / Grade |
|--------------------|------------------|-----------------|-----------------|----------------|--------------------|
|                    |                  |                 |                 |                |                    |
|                    |                  |                 |                 |                |                    |

13. Computer Knowledge , if any :

| Name of Computer Course | Institution Name | Course Duration | Year of Passing | Marks Obtained | % of Marks / Grade |
|-------------------------|------------------|-----------------|-----------------|----------------|--------------------|
|                         |                  |                 |                 |                |                    |
|                         |                  |                 |                 |                |                    |

14. List of documents should be enclosed (Put Tick mark in the Box)

| Sl No. | Documents                                        | Yes | No. |
|--------|--------------------------------------------------|-----|-----|
| 1.     | Proof of age                                     |     |     |
| 2.     | Proof of academic qualification & others.        |     |     |
| 3.     | Proof of working experience                      |     |     |
| 4.     | Photo copy of Voter Identity Card /Aadhar/Others |     |     |

**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