



ULUBERIA MUNICIPALITY

ULUBERIA: HOWRAH

Phone No: 2661-0274 Fax No: 2661-1395

Email: -uluberiamunicipality@gmail.com

Website- www.uluberiamunicipality.org

Memo No. - UM/Health/7161

Date- 06/11/2024,

Engagement Notice

Application in prescribed format are hereby invited by the undersigned from eligible candidates for engagement to the post of Health Officer/ MMOH (on Contract) to be posted at Uluberia Municipality, Uluberia, Howrah .Details are given in the below.

Name of the Post	Health Officer/MMOH (Municipal Medical Officers of Health)
Number of Post :	01 (One) UR
Qualification :	Essential: Medical Qualification included In the 1 st or 2 nd schedule or Part-2 of the 3rd schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal with desirable qualification of 2 (Two) years practising experiences.
Age :	Not Exceeding 67 years as on 01-01-2024
Process of Selection :	Interview to be conducted by the Selection Committee
Remuneration :	Rs. 62,000/- per month (Consolidated).

General Instruction:

1. The **Health Officer/ MMOH (Municipal Medical Officers of Health)** shall be engaged on Contract initially for a period of 1(one) year.
2. Candidates must furnish self-attested photo copies of all testimonials and certificates issued by the competent authority.
3. Candidates must bring filled up application in prescribe format , which is to be downloaded from Uluberia Municipality website www.uluberiamunicipality.org in A4 size paper.
4. One self-attested photograph is to be pasted on proper place of application format.
5. Interested eligible candidates are invited in walk-in-interview on **09-12-2024** at **11.00AM** in the **Conference Room of Uluberia Municipality.**


Chairman, Uluberia Municipality
&
Chairman of The Selection Committee





12. Employment Record:

(Total years of post-qualification experience) :

13. Details of Employment: (Use separate sheets if required).

Starting with your present employment, list in reverse order all the employments you have had.

13 A. Current Employment:

Name of Employer:

From Month / Year	To Month / Year	<u>Designation</u>

Location of Employment:

Description of your duties:

13 B. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

13 C. Previous Employment:

Name of Employer:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of your duties:

14.

A. Whether 01 year internship done (Yes / No) _____

B. Whether Registered under West Bengal Medical Council (Yes / No)? _____ Registration Number : _____

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect, then I do believe and understand that my candidature for contractual recruitment to the post I have applied for is liable to be cancelled without any further intimation to me.

Place :

Date :

Signature of the Applicant