

## **ULUBERIA MUNICIPALITY**

**ULUBERIA: HOWRAH** 

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

Email: -uluberia.municipality@gmail.com

Website- www.uluberiamunicipality.org

Memo No. - UM/Health/7/6/

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 <sup>st</sup> or 2 <sup>nd</sup> 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 <a href="https://www.uluberiamunicipality.org">www.uluberiamunicipality.org</a> 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
Chairman
Chairman
Chairman of The Selection Committee

(a)



## APPLICATION FORM (Fill-in the form in CAPITAL LETTER only)

Post Applied for						passport	ent Colour size self ograph
1. Name:			THE STATE OF THE S				
2. Father's / Mother's	/ Husband's Name :						
3. a. Date of Birth : b. Age as on 01.01.2024 : Yrs Months 4. Dist				rict of Domicile:		5. Sex (M/F/O):	
6. a. Address for Communication:				7. Caste (SC /ST /OBC-A /OBC-B /Unreserved):			
b. Permanent Address:				8. Present Telephone No :			
9. Email Address:				10. Mobile No.:			
11. Education: please	list all qualification	is	(	MBBS onwards)			
Degree	University / Board etc.	Year of pa	assing	Full Marks	Marks obtained	% of Marks	Division / Class & Chance

12. Employment Record:	:				
Total years of post-quali	fination experience) :				
Total years of post-quali	neation experience).				
13. Details of Employmen	it: (Use separate sheets	if required).			
Starting with your present e	employment, list in reverse	e order all the employments you have had.			
13 A. Current Employm	nent:				
Name of Employer:					
From Month / Year	To Month / Year	<u>Designation</u>			
month' real	mondi / roui	1			
Location of Employment:					
Description of your du	ties:				
13 B. Previous Employ Name of Employer:	ment:				
From	То	Designation			
Month / Year	Month / Year	Designation			
Location of Employment:					
Description of your du	ties:				
13 C. Previous Employ					
Name of Employe					
From Month / Year	To Month / Year	Designation			
Location of Employment:					
Description of your du	ities:				
14.					
A. Whether 01 year	r internship done (Yes /	No)			
R Whether Registe	ared under West Bengal	Medical Council (Yes / No)? Registration Number :			
b. Whether Registe	red dilder West beligar	Niedical Council (165 / 140): Registration Number			
		Declaration			
I hereby solemnly declar	e that the information f	urnished 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					
any further intimation to	me.	recruitment to the post I have applied for is liable to be cancelled without			
Place :					

Signature of the Applicant

Date :