



# ULUBERIA MUNICIPALITY

## ULUBERIA: HOWRAH

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Website- [www.uluberiamunicipality.org](http://www.uluberiamunicipality.org)

Memo No. - UM/Health/7162

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 PART TIME MEDICAL OFFICER to be posted at Uluberia Municipality, Uluberia, Howrah under NUHM .Details are given in the below.

<b>Name of the Post</b>	<b>PART TIME MEDICAL OFFICER.</b>
<b>Number of Post :</b>	04 (Four) UR
<b>Qualification :</b>	<b>Essential:</b> 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.
<b>Age :</b>	Not Exceeding <b>67 years</b> as on <b>01-01-2024</b>
<b>Process of Selection :</b>	Interview to be conducted by the Selection Committee
<b>Remuneration :</b>	<b>Rs. 24,000/- per month (Consolidated).</b>

### General Instruction:

1. The **PART TIME MEDICAL OFFICER** 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](http://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  
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**