



ULUBERIA MUNICIPALITY
O.T ROAD, BAZARPARA, ULUBERIA, HOWRAH – 711315
E-MAIL: uluhealth@gmail.com/uluberia.municipality@gmail.com
TELE: 2661 0274, FAX: 2661 1395
URL: uluberiamunicipality.org



Memo No.- UM/Health/.....1605

Date:-19.04.23

Walk-In Interview for selection of Part Time Medical Officers under NUHM

Walk-In Interview for the post of **Part-Time Medical Officer (PTMO)** under **NUHM (National Urban Health Mission)** at **UPHCs under Uluberia Municipality**. The interested and eligible candidates may visit our website www.uluberiamunicipality.org for details.

- **Name of the post :** Part Time Medical Officer (PTMO)
- **Number of Post :** 3 Nos. (The vacancy may vary at the time of Interview)
- **Consolidated Remuneration :** Rs. 24,000/- (Twenty Four Thousand) per month
- **Essential Qualification :** MBBS from a MCI recognized Institute with 1 year compulsory Internship, Registered in West Bengal Medical Council
- **Age Limit :** Upto 62 years or less as on 01.05.2023
- **Date of Interview / Reporting Time :** 15.05.2023 at 11:00 A.M.
- **Venue of Interview :** Uluberia Municipality (Conference Room), Bazarpara, Uluberia, Howrah

The general Information for the Applicants / Candidates are as follows

- ❖ Application forms not properly filled in or incomplete application forms are liable to be cancelled.
- ❖ The candidates must bring under noted original & self-attested photocopied documents at the time of Interview with their application form.
- ❖ Proof of Identity (Passport or Voter ID or Aadhaar Card or PAN Card)
- ❖ Proof of Address (Passport or Voter ID or Aadhaar Card)
- ❖ Proof of Age (Madhyamik or equivalent examination Admit Card/Pass Certificate)
- ❖ All mark sheets and pass certificates starting from Secondary onwards (including MBBS/Post-Graduate degree/Diploma etc.)
- ❖ Registration Certificate under West Bengal Medical Council
- ❖ The decision of the competent authority regarding the engagement will be final.
- ❖ The Uluberia Municipality reserves the right to change / modify any / all of the above conditions.
- ❖ The recruitment is purely on contractual basis and temporary initially for 1 year and for this service he/she will not be entitled to claim for permanent service in future.



Swapan Kumar Mondal
Finance Officer
& Convenor Municipal level Selection Committee
Uluberia Municipality
19.4.23

Memo No.- UM/Health/.....

Date:-.....

Copy forwarded for kind information and taking necessary action to:

1. The Mission Director, SH&FW Samity, Swastha Bhawan
2. Addl. Secretary, UD & MA Dept. & Addl. Director, SUDA, Govt. of WB
3. The District Magistrate, Howrah
4. The Chairman, Uluberia Municipality
5. The CMOH, Howrah
6. The ACOH, Uluberia
7. The Officer In charge, I&CA Dept. Uluberia- with request for wide circulation.
8. The All C-I-C Member, Uluberia Municipality
9. The Executive Officer, Uluberia Municipality
10. The Finance Officer, Uluberia Municipality
11. The Nodal Health Staff, Uluberia Municipality (Dr. Swapan Kumar Mondal)
12. The Head Clerk, Uluberia Municipality
13. The IT Co-Ordinator, Uluberia Municipality for website uploading.
14. Office copy

Finance Officer
& Convenor Municipal level Selection Committee
Uluberia Municipality

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. For the post of : Medical Officer-**

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