



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/3085

Date- 24/07/2023

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 62 years as on 01-08-2023 |
| 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 **16-08-2023** at **11.00AM** in the **Conference Room of Uluberia Municipality.**



Chairman, Uluberia Municipality

Chairman of The Selection Committee

APPLICATION FORMAT

(The application should be filled up in CAPITAL Letters only)

To
The Chairman

Uluberia Municipality
Uluberia, Howrah

APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

Sir,

In response to your advertisement notice no. UM/Health/3085 dated 24-07-2023 for the post of Health Officer (contractual). I prefer myself as a candidate for the post of Health Officer (Contractual). Details of my Bio-Data are given below.

1. NAME

2. FATHER'S / HUSBAND'S NAME

3. GENDER (Put Tick Mark) Male Female

4. CATEGORY (Along with Sub-Category, if any)

5. DATE OF BIRTH (DD/MM/YYYY)

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6. NATIONALITY

7. ADDRESS FOR CORRESPONDANCE

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8. PERMANENT ADDRESS

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9. CONTACT DETAILS :

MOBILE NUMBER

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EMAIL ID

10. ACADEMIC QUALIFICATION :

| Sl. No. | Qualification | Year of Passing | Board/ University | Total Marks | Marks obtained | Percentage |
|---------|--|-----------------|-------------------|-------------|----------------|------------|
| 1. | Madhyamik / Equivalent | | | | | |
| 2. | HS/ Equivalent | | | | | |
| 3. | Medical Qualification (as per IMC Act. 1956) | | | | | |
| 4. | Additional Qualification (if any) | | | | | |

11. REGISTRATION NO. OF WBMC :

12. PRESENT OCCUPATION (IF ANY):

NAME & ADDRESS OF EMPLOYER/ ORGANIZATION:
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13. EXPERIENCE (IF ANY)

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 fulfill these conditions. I do hereby declare that particulars furnished above are all correct.

Date:

Place:

Full signature of the candidate