

# OFFICE OF THE COUNCILLORS BARUIPUR MUNICIPALITY



Address:- Kulpi Road, P.O.-Baruipur, Dist.-South 24 Parganas, Kolkata-700144

E-mail: [barui\\_07@yahoo.com](mailto:barui_07@yahoo.com), Contact No.: 033 24338201, 033 24330980

Memo No. 1088/BM/Recruitment (H.O.)

Date: 16.12.2020

Applications as prescribed format are invited from eligible persons for appointment to the post mentioned below:-

| SI No | Name of The Post | No. of Vacancy | Eligibility  |
|-------|------------------|----------------|--|
| 1.    | HEALTH OFFICER   | 1 (Unreserved) | Medical qualifications included in the First or Second<br>1. Schedule or Part-II of the Third Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of two practicing experience.<br>2. Age - Limit — not more than 62 years as on 01 <sup>st</sup> January, 2020 |

### Terms and Condition:

1. The contractual remuneration of the Health Officer will be fixed at Rs.40,000/- (Forty Thousand) only per month.
2. The Health Officer shall be engaged on contract initially for period of 1(one) year.
3. The Candidates will have to apply in the prescribed Application Format
4. Application Format is to be downloaded from the Website of Baruiपुर Municipality: [baruipurmunicipality.org.in](http://baruipurmunicipality.org.in) and SUDA Website : <https://sudawb.org/Emp-Notice>
5. Candidate should enclose self-attested photocopy of the Age, Address & Qualification etc. certificate with the application.
6. NOC requires for those applicants who are working in any organization / Government.
7. The Candidates have to submit their applications through e-mail or By Post only at [barui\\_07@yahoo.com](mailto:barui_07@yahoo.com) . All documents have to be scanned along with the application from in PDF format.
8. All communication with candidates will be made through e-mail or Phone only.
9. The Last Date for submission of application is – 30.12.2020 within 5.00 PM. After 5.00 PM no application will be received by mail or by Post.
10. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

*MR*  
*16/12/20*  
Baruiपुर Municipality

&  
Chairman of the Selection Committee  
*Shakti Roy Chowdhury*  
Chairperson  
Board of Administrators  
Baruiपुर Municipality

Memo No. 1088/BM/Recruitment(H.O.)/(9) Date: 16.12.2020

Copy forwarded for information and necessary action to:-

1. The Director, State Urban Development Agency
  2. The District Magistrate, South 24 Parganas
  3. The Chief Medical Officer of Health, South 24 Parganas
  4. The Member, Board of Administrators, Baruiपुर Municipality
  5. The Executive Officer, Baruiपुर Municipality
  6. The Finance Officer, Baruiपुर Municipality
  7. The Head Clerk, Baruiपुर Municipality
  8. The Accountant, Baruiपुर Municipality
  9. The Nodal Officer — Health, Baruiपुर Municipality
  10. The IT coordinator, Baruiपुर Municipality
- Please upload this matter to the official website of Baruiपुर Municipality
11. Office Notice Board, Baruiपुर Municipality

*MR*  
*16/12/20*  
Baruiपुर Municipality  
&  
Chairman of the Selection Committee  
*Shakti Roy Chowdhury*  
Chairperson  
Board of Administrators  
Baruiपुर Municipality

# APPLICATION FORM

To  
The Chairperson,  
Board of administrators  
Baruipur Municipality  
P.O. & P.S. – Baruipur  
Dist. – South 24 Parganas  
Kolkata - 700144



Affix Self  
attested  
recent  
color  
passport  
size photo

## Application for the post of "HEALTH OFFICER"

1) Full Name ( In Capital Letters) :

.....

2) Father's / Husband's Name ( In Capital Letters) :

.....

3) Gender : Male  Female  Others

4) Date of Birth (DD/MM/YYYY) :.....

5) Nationality: ..... Age (As on 1<sup>st</sup> January 2020): .....

6) Present Address for communication (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

7) Permanent Address (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

8) Contact No. : .....

9) E-mail ID : .....

**10) Academic Qualifications :**

| Sl No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|--------------------|---------------------------|-----------------|-------------|----------------|------------|
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |

**11) Additional Qualification (if any) :**

.....  
.....

**12) Working Experience (if any) :**

| Sl No | Name of the Organization | Name of the post | Date of Joining | Date of Leaving | Total Working Period (in years) |
|-------|--------------------------|------------------|-----------------|-----------------|---------------------------------|
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |
|       |                          |                  |                 |                 |                                 |

I do hereby declare that all the information stated in this application form are true. In case any of my information furnished and document attached hereto is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

**Date :**

**Place :**

\_\_\_\_\_  
**Full Signature of the Applicant**

