

OFFICE OF THE COUNCILLORS BARUIPUR MUNICIPALITY



Address: - Kulpi Road, P.O. & P.S. - Barui Pur, District-South 24 Parganas, Kolkata-700144
E-mail: barui_07@yahoo.com, Contact No.: 033-2433 8201

Memo No. 536/BM/Health (Recruitment of H.O.)/2025

Date: 17.07.2025

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


SL No	Name of The Post	No. of Vacancy	Eligibility
1.	HEALTH OFFICER (Contractual Basis)	1 (Unreserved)	<ol style="list-style-type: none">1. Medical qualifications included in the 1st (First) or 2nd (Second) Schedule or Part-2 of the 3rd (Third) Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of 2(two) years practicing experience.2. Age Limit – not more than 62 years as on 01st January , 2025

Terms and Condition:

1. The contractual remuneration of the Health Officer will be fixed at Rs.62000.00 (Rupees Sixty Two Thousand) only per month.
2. The Health Officer shall be engaged on contract initially for period of 1(one) year from the date of joining.
3. The Candidates will have to apply in the prescribed Application Format.
4. Application Format is to be downloaded from the Website of Barui Pur Municipality: 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. No Objection Certificate (NOC) requires for those applicants who are working in any organization / Government Sector.
7. The Candidates have to submit their applications through e-mail (barui_07@yahoo.com) or **By Post only**. 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 Over Telephone only.
9. The Last Date for submission of application is – **30.07.2025 within 5.00 PM**.
10. After 5.00 PM no application received by mail or by Post.
11. Eligible candidates will be invited for an **interview on 04.08.2025 (Monday) at 02.00 PM** in the **Conference Hall** of Barui Pur Municipality to be conducted by the Selection Committee.


Chairman, Barui Pur Municipality
&

Chairman of the Selection Committee


Chairman
Barui Pur Municipality

Memo No. 536 /1(12) /BM/Health (Recruitment of H.O.)/2025 Date: 17.07.2025

Copy forwarded for information and necessary action to:-

1. The Director, State Urban Development Agency, Salt lake
 2. The District Magistrate, South 24 Parganas
 3. The Sub Divisional Officer, Baruipur Sub Division
 4. The Chief Medical Officer of Health, South 24 Parganas
 5. The Assistant Chief Medical Officer of Health, Baruipur Sub Division
 6. The Vice – Chairman, Baruipur Municipality
 7. The Executive Officer, Baruipur Municipality
 8. The Finance Officer, Baruipur Municipality
 9. The Head Clerk , Baruipur Municipality
 10. The Nodal Officer — Health, Baruipur Municipality
 11. The IT coordinator, Baruipur Municipality
- Please upload this matter to the official website of Baruipur Municipality
12. Office Notice Board, Baruipur Municipality

ME
17.7.25
Chairman, Baruipur Municipality
&
Chairman of the Selection Committee
Chairman
Baruipur Municipality

APPLICATION FORM

To
The Chairman,
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) :

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

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

4) Nationality: Age (As on 1st January 2025):

5) Present Address for communication (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....

STATE, PIN CODE.....

6) Permanent Address (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....

STATE, PIN CODE.....

7) Contact No. :

8) VALID E-mail ID:.....



9) Academic Qualifications :

SL No.	Examination Passed	Board /Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage

10) Additional Qualification (if any) :

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11) 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

