



# KALNA MUNICIPALITY

DangaPara, Kalna, Purba Bardhaman, Pin-713409

E-Mail:-ckm.kalna@gmail.com, Website: -www.kalnamunicipality.org



Memo No- 123/NUHM/KM

Date :- 17/01/2023

## Employment Notice No: 01/KM/HEALTH/2023

With reference to the G.O. No. 925/MA/O/C-9/2A-7/2015 dated – 02.11.2020 & 582/UDMA-13014(99)/78/2020-BDG-MA SEC dated- 26.02.2021 issued by UD & MA Department, Govt. of West Bengal and No.12017(18)/3/2021/4435, dated -27.09.2022 issued by SUDA, West Bengal, it has been decided by the Municipal Level Selection Committee, Kalna Municipality, Dist-Purba Bardhaman, West Bengal, that a walk- in- interview for the post of the Health Officer under HHW Scheme purely on contract in Kalna Municipality will be conducted on 03/02/2023 from 12.00 p.m. at the Meeting Hall of Kalna Municipality.

S.No.	Name of the Post	No. of Vacancy	Eligibility	Remuneration
1	HEALTH OFFICER	1 (ONE) Unreserved	1. Medical qualifications included in the First or Second Schedule or part 2 of the third schedule of the Indian Medical Council Act, 1956 and registration as medical practitioner of West Bengal with desirable qualifications of two years practicing experience 2. Age limit not more than 62 years as on 1st January 2020	Fixed at Rs- 62000/- (Sixty two Thousand) only Per Month

**Mode of selection:** It will be a 02(two) stages selection process.

Stage 1> Screening of documents on the date of Walk-in Interview.

Stage 2> Interview of the candidates, found eligible in document verification

### **Scale of scoring:**

Total score will be 100. Marks will be the aggregate of following two parts-

- Marks obtained in the result of concerned medical qualification, mentioned in eligibility criteria (90% weightage)
- Marks obtained in walk- in- interview - 10 marks (10% weightage)

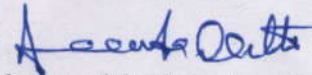
### **Terms and Conditions:**

1. The Health Officer shall be engaged purely on contract initially for a period of 1(One) year.
2. Desiring candidates may attend the walk in interview alone with the filled in application form and a photocopied set of following listed documents with originals for verification before the interview on the scheduled date. Application form will be available at Kalna Municipality website [www.kalnamunicipality.org](http://www.kalnamunicipality.org) also at [www.sudawb.org](http://www.sudawb.org) and [www.wburbanservices.gov.in](http://www.wburbanservices.gov.in)
3. NOC is required for those applicants who are working in any organization/ Institution/ Government establishment.

4. **Reporting time for the candidates is 11.00 am on the date of the Walk in Interview. No candidate will be allowed to appear in the verification beyond the reporting time (11.00 a.m.)**
5. Candidates must be present personally at the time of verification along with all required documents and no third person will be allowed there.
6. After verification of documents, if the candidate found eligible, she/he will be allowed for attending the subsequent stages of selection. If found ineligible after document verification, the candidate will not be allowed to appear the next stage for Walk In Interview.
7. No change of date and time will be entertained.
8. No TA/DA is admissible for attending the interview.
9. Decision of the competent Authority regarding the verification and engagement is final

**The candidates must bring undernoted original and self attested photocopied documents for verification:**

1. A printed copy of the filled- in application format with a passport size recent colour photo
2. Proof of Identity (Passport or Voter ID Card or AADHAR Card or PAN Card)
3. Proof of Address (Passport or Voter ID Card or AADHAR Card)
4. Proof of Age (Birth Certificate / Madhyamik or equivalent examination certificate/ Admit Card where Date of Birth is printed.
5. All mark sheet and pass certificate starting from Secondary onwards (including MBBS/ Post-Graduate degree/ Diploma etc.)
6. Registration Certificate under West Bengal Medical Council/ Medical Council of India
7. Experience Certificate mentioning the period of working



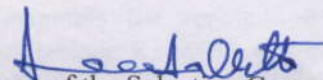
Chairman of the Selection Committee  
& Chairman, Kalna Municipality

Memo No- 123/NUHM/KM/1(5)

Date :- 17/01/2023

Copy forwarded for the information to:

1. The Joint Secretary, Govt. of West Bengal, UD&MA Department, NAGARAYAN, DF-8, Sector-I, Salt Lake, Kolkata- 700064
2. The Director SUDA, West Bengal, ILGUS BHAVAN, HC Block, Sector-III, Bidhannagar, Kolkata- 700106
3. The District Magistrate, Purba Bardhaman
4. The Chief Medical Officer of Health, Purba Bardhaman
5. The Sub Divisional Officer, Kalna, Purba Bardhaman



Chairman of the Selection Committee  
& Chairman, Kalna Municipality

**Chairman  
Kalna Municipality**

**APPLICATION FORM**

Affix Self  
attested  
recent colour  
passport size  
photo

To  
The Chairman, Selection Committee and  
The Chairman, Kalna Municipality

**Application for the post of Contractual 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: .....
- 6) Voter Card No: ..... Aadhar Card No. ....  
Pan Card No. ....
- 7) Present Address for communication (in Capital Letters):

House/Building No..... Road/Mahalla .....

Village / Town..... Post Office.....

P.S. .... Dist. ....

State ..... PIN .....

- 8) Permanent Address (in Capital Letters):

Same as Present Address: Yes / No

House/Building No..... Road/Mahalla .....

Village / Town..... Post Office.....

P.S. .... Dist. ....

State ..... PIN .....

- 9) Contact No: ..... Alternative Contact No. ....
- 10) E – mail ID: .....

- 11) Academic Qualification:

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

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

12) Additional Qualification (if any):

.....  
.....

13) 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 /engagement process.

**Date:**

**Place:**

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