

# OFFICE OF THE COUNCILLORS BARUIPUR MUNICIPALITY



Address:- Kulpi Road, P.O.-Barui Pur, Dist.-South 24 Parganas, Kolkata-700144  
E-mail: barui\_07@yahoo.com, Contact No.: 033 24338201

Memo No. 1026/Health/Recruitment (H.O.)/2022-23

Date: 20.07.2022

Applications as 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   | 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, 2022 |

### 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.
3. The Candidates will have to apply in the prescribed Application Format.  
Application Format is to be downloaded from the Website of Barui Pur Municipality: [baruipurmunicipality.org.in](http://baruipurmunicipality.org.in) and SUDA Website: <https://sudawb.org>
4. Candidate should enclose self-attested photocopy of the Age, Address & Qualification etc. certificate with the application.
5. NOC requires for those applicants who are working in any organisation / Government.
6. The Candidates have to submit their applications through e-mail ([nuhmbarui@gmail.com](mailto:nuhmbarui@gmail.com)) or By Post only. All documents have to be scanned along with the application from in PDF format.
7. All communication with candidates will be made through e-mail or Phone only.
8. The Last Date for submission of application is – 10<sup>th</sup> August 2022 within 5.00 PM.  
After 5.00 PM no application received by mail or by Post.
9. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

*[Signature]*  
20.7.22  
Chairman, Barui Pur Municipality

&  
Chairman of the Selection Committee

Date: 20.07.2022

Chairman  
Barui Pur Municipality

Memo No. 1026/(11)/Health/Recruitment (H.O.)/2022-23

### Copy forwarded for information and necessary action to:-

1. The District Magistrate, South 24 Parganas
  2. The Director, State Urban Development Agency, Salt lake
  3. The Sub Divisional Officer, Barui Pur Sub - Division
  4. The A.C.M.O.H, Barui Pur Sub - Division
  5. The Executive Officer, Barui Pur Municipality
  6. The Finance Officer, Barui Pur Municipality
  7. The Head Clerk, Barui Pur Municipality
  8. The Accountant, Barui Pur Municipality
  9. The Nodal Officer — Health, Barui Pur Municipality
  10. The IT coordinator, Barui Pur Municipality
  11. Office Notice Board, Barui Pur Municipality
- Please upload this matter to the official website of Barui Pur Municipality

*[Signature]*  
20.7.22  
Chairman, Barui Pur Municipality

&  
Chairman of the Selection Committee

Chairman  
Barui Pur 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) :

.....

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

4) Nationality: ..... Age (As on 1<sup>st</sup> January 2022): .....

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