Office of the Board of Administrator RAGHUNATHPUR MUNICIPALITY

P.O. - Raghunathpur, Dist-Purulia

Memo No: RM/Health / . 839

Date: 14/12/2021

NOTICE FOR WALK-IN-INTERVIEW FOR CONTRACTUAL ENGAGEMENT

In terms of Orders of the Deptt. of Urban Development & Municipal Affairs Department, WB issued by the Join Secretary, vide No. 1905-UDMA-11012(99)/45/2021 dated 21.05. 2021; a walk-in-interview has been arranged for engagement of Health Officer, purely on contractual basis, considering the ongoing pandemic situation of Covid 19 wave.

The engagement will be for a period of one year only at a fixed monthly remuneration as stated below:-

Qualification: Essential: Medical qualification included in the 1st or 2nd 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 years practicing experiences.

Fixed Remuneration of Rs. 62,000/- only per month

Age Limit: Not more than 62 years as on 01.01.2020

Points to Note before appearing for the Walk-in-Interview:-

Aspirants willing to attend the Interview should carry the following documents/testimonials along with them, at the Interview Hall. Also they are to produce all their documents/testimonials in ORIGINAL before the Interview Board.

- An application Format duly filled in as given below.
- Self attested proof regarding permanent residential status (Passport /Voter ID card /AADHAR card /Ration card, etc.) to be submitted along with Application.
- Self attested copies of all relevant certificates are to be submitted along with.
- NOC from employer in case of candidate being employed at present in any public/private institution/establishment.
- No TA/DA will be paid to the candidates for appearing in the interview process.
- Decision of the Board/Authority will be final regarding selection of candidates.

Date and Time of interview: - All candidates are required to report for the Interview on 7th January 2022 at 1.000 p.m.

Venue for reporting at the Interview: at the chamber of Chairperson, Raghunathpur Municipality, P.O – Raghunathpur, Dist- Purulia, Pin – 723133 (W.B).

Chairperson
Raghunathpur Municipality

May 1/15/202)

APPLICATION FORMAT

To, The Chairperson, Raghunathpur Municipality, AT,PO & PS- Raghunathpur Dist-Purulia,Pin-723133 Paste recent Passport size photograph duly signed across

APPLICATION FOR THE POST OF HEALTH OFFICER

	se to your advertisement no	tice no.			Dat	e		for the pos
	- Talk		A.					
thOffi	cer, I prefer myself as a cand	idate. Detail	ls of my BIO-I	DATA is giv	en below :			
Name	(IN BLOCK LETTERS)	•	N.					
	r's Name	: :				117		
	and's Name (for married fem	ale) :						
Huspa	ing s Name (for married fell)							
Date	of Birth (DD/MM/YYYY)	:				7 / 1 a		
Sex		•						
Marit	al Status	• • • • • • • • • • • • • • • • • • •						
Casto	/ Category (Put Tick Mark)		GEN	sc	ST	OBC-A	овс	-В РН
	ess (as mentioned in EPIC/AI	DHAAR) :						
Addre	•							
	le Number	:		1				
Mobi	e Number	• •						
Mobi e-Ma	le Number il ID	• •		3				
Mobi e-Ma Quali	le Number il ID ification Details	: : Year of	Roard / I	Iniversity	·		Marks	Percentag
Mobi e-Ma	le Number il ID ification Details Qualification	:	Board / U	Jniversity	• Total Mark		Marks Obtained	Percentag
Mobi e-Ma Quali Sl.	le Number il ID ification Details	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Quali Sl. No.	le Number il ID ification Details Qualification	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Quali Sl. No.	le Number il ID fication Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /:	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Quali Sl. No.	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Quali Sl. No.	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd	: : Year of	Board / U	Jniversity				Percenta
Mobi e-Ma Quali Sl. No.	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Qual SI. No. 01	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd Schedule of Indian	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Qual SI. No. 01	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd Schedule of Indian Medical council Act-1956 and registration as	: : Year of	Board / U	Jniversity				Percentag
Mobi e-Ma Qual SI. No. 01	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd Schedule of Indian Medical council Act-1956 and registration as Medical practitioner of	: : Year of	Board / U	Jniversity	Mark	S		Percentag
Mobi e-Ma Qual SI. No. 01	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd Schedule of Indian Medical council Act-1956 and registration as	: : Year of	Board / U	Jniversity	Mark			Percentag
Mobi e-Ma Qual SI. No. 01	le Number il ID ification Details Qualification Madhyamik / Equivalent HS / Equivalent Medical Qualification /: Medical Qualification included in the 1 st or 2 nd schedule or Part-2 of the 3 rd Schedule of Indian Medical council Act-1956 and registration as Medical practitioner of West Bengal	: : Year of	Board / U	Jniversity	Mark	S		Percentag

11.Experience Details Working Tenure **Designation & JOB** Details of employer (Organisation Joining (In complete DESCRIPTION SI. Name & Address) Date Years) No. 01 02 03 04 05

Declaration I do he	reby declare that	particulars furnisl	ned above are	all correct.	
Place:				4	
Date:				•	
					Signature of Applicant