

**OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT**  
Basirhat, North 24 Parganas, Pin-743411

Memo No. ....1066.....

Date: 23.06.2021.....

**ENGAGEMENT NOTICE**

Applications are invited from eligible candidates for engagement to the post of Health officer (On Contract) to be posted at Basirhat Municipality, Basirhat, North 24 Parganas.

**No. of Post :** 01 (One)

**Period of Engagement :** Initially for 1 (One) year.

**Name of the Post :** Health Officer

**Qualification :** Medical Qualifications included in the 1<sup>st</sup> or 2<sup>nd</sup> schedule or Part -2 of the 3<sup>rd</sup> schedule of Indian Medical Council Act -1956 and Registration as Medical Practitioner of West Bengal.

**Experience :** Minimum 2 years practicing experience.

**Contractual Remuneration :** Rs. 62,000/- (Sixty Two Thousand) per month.

**Age :** Not more than 62 years as on 1<sup>st</sup> January, 2021.

**Mail id for Application Submission :** [basirhatmunicipality@yahoo.com](mailto:basirhatmunicipality@yahoo.com)

**Last Date of Application :** 08.07.2021

**Process of Selection :** Interview to be conducted by the Selection Committee.

**Probable Date of Interview :** 13.07.2021

**General Information:**

1. The engagement would be on purely contractual basis, initially for a period of 1 (One) year.
2. The Contractual Engagement does not confer any right for regularization or absorption in the post.
3. All original documents required to be presented at the time of Interview.
4. All communication through mail only i.e. [basirhatmunicipality@yahoo.com](mailto:basirhatmunicipality@yahoo.com).



*MSK*  
Chairman, Selection Committee &  
Chairperson, Basirhat Municipality

Chairperson  
Board of Administrators  
Basirhat Municipality

**APPLICATION FOR ENGAGEMENT AS A CONTRACTUAL HEALTH OFFICER.**

To,  
The Chairperson,  
Basirhat Municipality.  
Basirhat, North 24 Parganas.  
Pin -743411

Affix self attested  
photograph  
signed across

- 1. NAME :
- 2. FATHER'S/ HUSBAND'S NAME :
- 3. DATE OF BIRTH :
- 4. ADDRESS :
- 5. CONTACT NO. & EMAIL ID :
- 6. QUALIFICATION :  
(as per IMC Act - 1956)
- 7. REGISTRATION NO. OF WBMC :
- 8. SPECIALIST IN THE DISCIPLINE, IF ANY :
- 9. EXPERIENCE :

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if any stage, it is found that any of the above material information is false/ incorrect or is suppressed by me, my engagement is liable to rejected/ terminated.

Date:

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(Full Signature of the Applicant)