

# MAHESHTALA MUNICIPALITY



MAHESHTALA, SOUTH 24 PARGANAS  
Phone:-2490-1651, 2490-3389, Fax:-2490-9296  
E-mail:- maheshtalamunicipality@gmail.com

Memo No: - 5202 /I-A/MM/Estt/533

Date:-7<sup>th</sup> December 2020

## EMPLOYMENT NOTICE

**Applications are invited for the post of contractual Health Officer.**

**Number of vacancy** - 1.

**Consolidated pay** - Rs . 40.000/- pm.

**Tenure of job** - 1 year.

**Age** - Not more than 60 years as on 01.01.2020.

**Necessary qualification** - The applicants must have 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 with desirable qualifications of 2 years practicing experience.

### **Enclosure - Relevant documents.**

1. Birth Certificate.
2. Educational Qualifications Certificates.
3. Registration Certificates.
4. Experience Certificates.
5. Identification Proof - Aadhaar Card / Voter Card / Passport / Driving License (Any One).

Application should be submitted by the prescribed format. For details please visit following website.

[www.maheshtalamunicipality.org](http://www.maheshtalamunicipality.org)

Chairperson  
Board Of Administrator  
Maheshtala Municipality

**APPLICATION FORM**



NOTIFICATION NO :- /I-A/MM/Estt/

APPLICATION NO :-	HEALTH OFFICER/MM/2020
(FOR OFFICE USE ONLY)	

Name of the Post :- Contractual Health Officer (Maheshtala Municipality)

1. Name of the Candidate (in capital letter) :-.....
2. Father's / Husband Name (in capital letter) :-.....
3. Date of Birth (DD/MM/YYYY) :- .....
4. Age as on 01.01.2020 :-.....Year.....Months.....Days.
5. Present Address (in Capital letter) :-.....  
.....
6. Permanent Address (in Capital letter) :-.....  
.....
7. Nationality :-..... 8. Religion :- .....
9. Aadhaar No :- .....
10. Gender (M/F/Other) :-
11. Academic Qualification :-

Academic Qualification	University/Board	Subject	Year of Passing	Full Marks	Marks Obtained	% of Marks	Division / Grade

12. Mobile No (Mandatory) :-.....
13. E-mail (if any) :- .....

**Declaration :-**

I do hereby declare that all the statements made by me in the application form are true and complete to the best of my knowledge and belief and nothing has concealed or suppressed that in case any of my statement is false / incorrect during any of recruitment and thereafter I shall be disqualified for the post applied for I shall be liable for any action.

.....  
Full signature of the Candidate.

**Enclosure :-**

- a ) Age Proof :- Admit Card or School Certificate / Birth Certificate / Madhyamik Pariksha.
- b) Certificate of M. B. B. S. and other qualifications.
- c) Experience certificate.
- d) Registration Certificate of Indian Medical Council (I. M. C. )
- e) Proof of residential address :- Voter Card / Aadhaar Card / Ration Card / Passport / Driving License.