



OFFICE OF THE BOARD OF ADMINISTRATORS  
**KATWA MUNICIPALITY**

**P.O. KATWA, DIST. PURBA BARDHAMAN, PIN-713130**

**Detail Notification for recruitment of 1 (One) Health Officer (Contractual) within Katwa Municipality**

A Walk-in-interview will be held for selection of a Health Officer (Cont.) within Katwa Municipality under CBPHCS Scheme. Indian Citizen having medical qualification 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 qualification of 2 years practicing experience and having not more than 62 years of age as on 01.01.2021 are invite to attend the same on 26.10.2021 at 12.00 noon at Katwa Municipality. The minimum Qualification should be MBBS degree from a recognized university approved by Medical Council of India.

Applicants have to bring all testimonials in original and self-attested photocopies for proof of Educational Qualification, Technical Qualification, Proof of Age and resident on that day along with filled in application in plain paper as per prescribed format.

A recent coloured passport sized photograph is to be affixed over the application duly signed by the applicant across the photograph into earmarked box.

Application form not be sent to this end neither by hand/ post nor through e-mail and/ or any other way in any circumstances.

In terms of selection of Health officer, decision of the selection committee is final.

Selected candidate will be appointed on contractual basis with a consolidated monthly remuneration of Rs. 62,000.00 (Rupees Sixty Two Thousand only) per month for the period of 01(one) year from the date of joining and may be further extended subject to the satisfactory performance if deemed fit by the authority. The decision of Municipal authority in this regard is final.

Applicant should attend Katwa Municipality for Walk-in-interview on 26.10.2021 at 12.00 noon sharp.

The willing candidates are requested to report at this office sharp at 10 A.M. on the date for verification of Documents.

All kind of electronic gadgets are strictly not allowed during interview process.

The roles and responsibilities of the health officer should be strictly in compliance with W.B. Municipal Act 1993 & NUHM & CBPHCS norms thereof.

  
Chairperson

Board of Administrators  
Katwa Municipality

Chairperson  
Board of Administrator  
Katwa Municipality

**Memo No. 222(16)/KM/NUHM/2021, Dated Katwa, the 08/10/2021.**

Copy forwarded for information and taking necessary action to:

1. The Director, SUDA with a request to publish this Notification in his office website.
2. The District Magistrate, Purba Bardhaman.
3. The CMOH & Secretary, DH & FWS, Purba Bardhaman.
4. The S.D.O. Katwa.
5. The ACMOH, Katwa.
6. O.C. Municipal Affairs, Purba Bardhaman.
7. The Executive Officer, Katwa Municipality.
8. The Finance Officer, Katwa Municipality.
9. The Nodal Officer, NUHM, Katwa Municipality.
10. The PHM, NUHM, Katwa Municipality.
11. The H.O. in-charge, Katwa Municipality.
12. The Head Clerk, Katwa Municipality.
13. Notice Board, Katwa Municipality
14. Notice Board, UPHC – 1 & 2.
15. I.T. Co-ordinator, Katwa Municipality (he is instructed to publish this notification in official website of Katwa Municipality).
16. Guard File.



  
Chairperson

Board of Administrators  
Katwa Municipality

Chairperson  
Board of Administrator  
Katwa Municipality

APPLICATION FORM

To  
The Chairperson  
Board of Administrators  
Katwa Municipality  
Katwa, Purba Bardhaman

Colored Passport  
Photo with  
Signature of The  
Applicant to be  
affixed.

1. Name of the Post Applied for:
2. Applicant Name (In Block Letter):
3. S/D/W of :
4. Communication Address (With Pin Code):-
5. Gender:-
6. Date of Birth:- Age (as on 01.01.2021)
7. Nationality:-
8. Caste - SC/ST/OBC/General:-
9. Contract No & e-mail Id:-

10. Educational Qualification:-

Sl. No.	Name of Exam	Board / University/ Council	Year of Passing	Total Marks	Class/ Division	Percentage of Marks

11. Technical Qualification:-

Sl. No.	Name of Exam	Board / University / Council	Year of Passing	Total Marks	Class / Division	Percentage of Marks

12. Working Experiences:-

Sl. No.	Name of Organization	Position Held	Period of Working from..... to.....	Total Period of Working Experiences	Nature of Work

13. Additional Qualification (if any):-

Declaration:-

I do hereby declare that the statements made in the application are true the best of my knowledge and belief and if any of the information given there in is not in conformity with this Advertisement my candidature shall liable to be can-celled.

Dated:

Signature of the Applicant

List of Documents are enclosed with application