

OFFICE OF THE BOARD OF ADMINISTRATORS
OLD MALDA MUNICIPALITY
P.O- OLD MALDA, DIST-MALDA, PIN-732128

EMPLOYMENT NOTICE NO- 01/HEALTH/OMM/2021-22 DATE- 11.06.2021

Memo No. 247 /OMM/2021-22

Dated 11 /06/2021

Applications in the "Prescribed Format" are invited from the citizen of India for recruitment to the under mentioned post for Old Malda Municipality, Malda.

| Sl No | Name of posts | Monthly Consolidated Contractual Remuneration | No. of Post | Qualification required for the post | Minimum Age limit (as on 01.01.2021) |
|-------|------------------------------|---|-------------|---|--------------------------------------|
| 1 | Health Officer (Contractual) | Rs. 62,000.00 | UR-01 | Medical qualifications 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 with desirable qualifications of 2 years practicing experience. | Not more than 62 years. |

General Information:

1. The contractual remuneration of the Health Officer will be fixed at Rs. 62,000/- (Sixty two thousand) only per month.
2. The Health Officer shall be engaged on contract initially for period of 01 (one) year.
3. The candidates will have to apply in the prescribed Application Format.
4. Application Format is to be downloaded from Website of Old Malda Municipality, www.omm.org.in and SUDA Website, www.sudawb.org
5. Candidate should enclose self-attested photocopy of the age proof certificate with application.
6. NOC requires for those applicants who are working in any organization/Government.
7. The Candidates have to submit their applications through e-mail only at oldmaldamunicipality@gmail.com. All documents have to be scanned along with the application from in PDF format.
8. All communication with candidates will be made through e-mail. Only.
9. The Last Date for submission of application is 28.06.2021 within 5.00 P.M.
10. Eligible candidates will be invited for an interview to be conducted by the selection Committee.


Executive Officer
Old Malda Municipality

Old Malda Municipality
Date 11 /06/2021

Memo No 247 /9/OMM/2021-22

Copy forwarded for information and necessary action-

1. The Director, State Urban Development Agency.
2. The District Magistrate, Malda (He is requested to display the Notice on his "Notice Board" for wide publicity)
3. The C.M.O.H, Malda is requested to display the matter on his Notice Board and also to make arrangement to display over his website.
4. The District Information Officer, NIC is requested to take necessary arrangements to broadcast the matter through Malda website.
5. The Executive Officer, Old Malda Municipality, Malda.
6. The Finance Officer, Old Malda Municipality.
7. The Head Clerk (acting), Old Malda Municipality.
8. I.T, Old Malda Municipality- your requested to display Municipal Notice Board & Web-side.
9. Notice Board, Old Malda Municipality.


Executive Officer
Old Malda Municipality
Old Malda Municipality

APPLICATION FORM

To
The Chairperson,
Board of administrators
Old Malda Municipality
P.O- Old Malda, Dist- Malda
West Bengal-732128

Affix Self
attested
recent color
passport size
photo

Application for the post of Health Officer

- 1) Full Name (In Capital Letters):
.....
- 2) Father's / Husband Name (In Capital Letters)
.....
- 3) Gender : Male / Female / Others
- 4) Date of Birth (DD//MM/YYYY) :
- 5) Nationality :
- 6) Present Address for communication (In Capital Letters)
VILL.....,P.O.
P.S.....,DIST.....
STATEPIN.....
- 7) Permanent Address (In Capital Letters)
VILL.....,P.O.
P.S.....,DIST.....
STATEPIN.....
- 8) Contact No :
- 9) E- mail ID :

10) Academic Qualification:

| Sl No | Examination Passed | Board / Council / University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|-------|--------------------|------------------------------|-----------------|-------------|----------------|------------|
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11) Additional Qualification (if any):

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12) 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) |
|-------|--------------------------|------------------|-----------------|-----------------|---------------------------------|
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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