



OFFICE OF THE BOLPUR MUNICIPALITY

BOLPUR, BIRBHUM, PIN-731204

Chairman / Chairperson : Smt. Parna Ghosh

Mail ID : bolpurmunicipality@gmail.com

www.bolpurmunicipality.org (Web site)

Fax : 03463-252501, Phone : 03463-252501

Ref. No. 1697/Health/BM/2025-26.

Date 29.07.2025

Walk-In-Interview

Applications are invited from the interested candidates for the post of a "HEALTH OFFICER" purely on Contractual basis initially for a period of 1 (one) year from the date of joining.

Qualification and Age Limit	Monthly Remuneration (Rs.)
<ol style="list-style-type: none">1. 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 (two) years practicing experience.2. Age not more than 62 years as on date of publication of this notice.	Rs. 62,000/- (Rupees sixty-two thousand only)


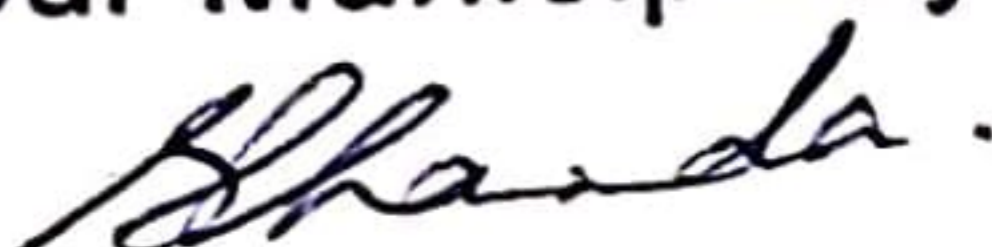
Eligible and intending candidates are requested to attend the WALK-IN-INTERVIEW to be held on 13.08.2025 at 11.30 am onwards (Candidates will have to report at 10 am to Health Department, Bolpur Municipality for verification of documents) at the office of the undersigned with Original Certificates and Self Attested testimonials along with written application duly signed.

For details please visit official website <https://bolpurmunicipality.org/>. and Office Notice Board.


Chairman,
Bolpur Municipality
Bolpur Municipality

Copy forwarded for favor of kind information and necessary action to the:

1. Special Secretary to the Govt. of West Bengal, UDMA Dept. and Director, SUDA.
2. District Magistrate & Collector, Birbhum
3. Chief Medical Officer of Health, Birbhum
4. SDO, Bolpur
5. Executive Officer, Bolpur Municipality
6. Finance Officer, Bolpur Municipality
7. Head Clerk, Bolpur Municipality
8. Health Department, Bolpur Municipality
9. Office Copy


Chairman
Bolpur Municipality
Chairman
Bolpur Municipality


APPLICATION FORM

To,
The Chairman,
Bolpur Municipality,
P.O. & P.S.- Bolpur
Dist.- Birbhum
PIN- 731204

Affix Self
attested
recent color
passport
size photo

Application for the post of "Health Officer"

1) Full Name (In Capital Letters) :

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2) Father's / Husband's Name (In Capital Letters) :

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3) Date of Birth (DD/MM/YYYY):.....

4) Nationality: Age (As on 1st January 2025):

5) Present Address for communication (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....,

STATE, PIN CODE.....

6) Permanent Address (in Capital Letters)

Road/Lane, Post Office

Police Station....., District.....

Landmark.....,

STATE, PIN CODE.....

7) Contact No. :

8) VALID E-mail ID:.....



9) Academic Qualifications :

SL No.	Examination Passed	Board /Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage

10) Additional Qualification (if any) :

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11) 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)

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