

OFFICE OF THE

☎ : (03452) 255164/255767

Fax : (03452) 256600

E-mail : guskaramunicipality@yahoo.in

GUSKARA MUNICIPALITY

P.O.-Guskara, Dist.-Purba Bardhaman, PIN-713128, W.B.

ESTD : 1988

Memo No. 2860/GMDated, Guskara, the 08-12-2020

Application in the prescribed format are invited from the citizen of India for recruitment to the under mentioned post for Guskara Municipality, Guskara, Purba Bardhaman.

Sl. No.	Name of Post	Monthly consolidated Contractual Remuneration	No. Of post	Qualification Required for the post	Maximum age limit (As on 01.01.2020)
01	Health Officer (Contractual)	Rs.40,000.00	UR-01	Medical qualification 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.40,000/- only per month.
2. The Health Officer shall be engaged on contract initially for period of 01(One) year.
3. The Candidate will have to apply in the prescribed application format.
4. Application format is to be downloaded from the website of Guskara Municipality. www.guskaramunicipality.co.in and SUDA website www.sudawb.org
5. Candidate should enclose self attested photocopy of the age proof certificate with the 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 guskaramunicipality@yahoo.in. All documents have to be scanned along with application form in PDF format.
8. All communication with candidate will be made through e-mail only.
9. The last date for submission of application is 24.12.2020 within 5.00 pm.
10. Eligible candidates will be invited for an interview to be conducted by the selection Committee.

*G. Ghosh*

Chairperson

Board of Administrators

Guskara Municipality

Dated 08.12.2020Chairperson
Board of Administrators
Guskara MunicipalityMemo No 2860(7)/1/GM

Copy forwarded for information & necessary action to :-

1. The Director, SUDA, Kolkata
2. District Magistrate, Purba Bardhaman.

OFFICE OF THE

☎ : (03452) 255164/255767

Fax : (03452) 256600

E-mail : guskaramunicipality@yahoo.in

GUSKARA MUNICIPALITY

P.O.-Guskara, Dist.-Purba Bardhaman, PIN-713128, W.B.

ESTD : 1988



Memo No.

Dated, Guskara, the

- 3.CMO(H),Purba Bardhaman.
4. The Executive Officer Guskara Municipality.
5. The Finance Officer Guskara Municipality
6. Head Clerk Guskara Municipality.
- 7 .IT Co-ordinator, Guskara Municipality-He is requested to upload the notice and application format in the Municipality website.



G. Ghosh

Chairperson

Board of Administrators

Guskara Municipality

Chairperson
Board of Administrators
Guskara Municipality

APPLICATION FORMAT

(The application should be filled up in CAPITAL letters only)

Post applied for Health Officer (Contractual)

To,

The Chairperson,

Board of Administrators,

Guskara Municipality.

Sir,

AFFIX PASSPORT
SIZE PHOTO

Application for the post of Health Officer (Contractual) in Guskara Municipality.

1.NAME

2.Fathers/Husband Name.....

3.Gender: MALE/FEMALE

4.CATEGORY (Alongwith sub-category,if any).....

5.DATE OF BIRTH (DD/MM/YY).....

6.NATIONALITY.....

7.ADDRESS:

ADDRESS FOR CORRESPONDENCE:.....

.....

.....

PERMANENT ADDRESS:.....

.....

.....

8.CONTACT DETAILS:

Mobile No.....Land line No.....

e-mail ID.....

9.ACADEMIC QUALIFICATION

Sl. No.	School/Board/University/Institution	Degree/Diploma	Year of passing	Percentage of Marks obtained

10.ADDITIONAL QUALIFICATION (if any):

.....
.....
.....

11.PRESENT OCCUPATION (IF ANY):

.....
.....

12.NAME & ADDRESS OF PRESENT

EMPLOYER/ORGANISATION:

.....
.....

13.EXPPERIENCE (if any):

.....
.....
.....

Declaration: I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These condition are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary documents in original whenever required. If any information/details is found to be to be incorrect/false at any stage of the selection process or if any fact is found to have been concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall be taken against me.

Date.....

Place.....

Full Signature of the Candidate