#### OFFICE OF THE COUNCILLORS OF

### MIDNAPORE MUNICIPALITY

MIDNAPORE, PASCHIM MEDINIPUR

E- mail: midnapurmunicipality@gmail.com Phone No: 03222-268447

<u>Memo No.</u> 5380/GA/NHM <u>Date – 25/02/15</u>

# Notification for Engagement of Part time Medical Officer (M.B.B.S) Under NUHM, Midnapore Municipality, West Bengal

Midnapore Municipality application from suitable candidates for the following posts:

### 1) MEDICAL OFFICER (MO)

No of Post – 2 Nos.

Remuneration: Rs. 24000/- per month or R.s-900/- per day up to the

Maximum of R.s-24000/-

Duty hours: Six Days in a week & Six hours per day.

- Each application in sealed cover must reach within , 15/03/2015 (before
   4-00 PM ) positively.
- **3.** Only shortlisted candidates will be called during selection. Selection will be done on competitive basis.
- **4.** Decision of the competent authorities in Project shall be final in the matter of selection of eligible candidates. Authority reserves the right to cancel all /any application without assigning any reason. Canvassing in any manner shall lead to disqualification of candidature.
- **5.** No TA/DA will be paid to the candidates for appearing at the selection test/interview.

Sd-

Chairman

Midnapore Municipality

## **APPLICATION FORM**

11. E-mail address (Mandatory):

12. Educational Qualification:

12. Contact No:

(Relevant attested documents for educational qualifications and work Experiences and No Objection from authority need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)

P.S-Kotwali,P.O-Midnapore Dist:Paschim Midnapore PIN:721101 Please affix here your recently taken passport size photograph signed

1. Name of the candidate	e (in Capital Letters):	
2. Posts applied for:		
3. Name of Father/Husb	and:	
<ul><li>4. Date of birth:</li><li>5. Age as on 01.01.2014</li></ul>	<b>:</b>	
6. Sex:	7. Nationality	8. Religion:
9. Caste (Gen/SC/ST/OF	BC):	
10. Postal Address:		

Name of Examination	Year of Passing	% of Marks	Subjects	Board/ University

Othe	ers, if any								
13. Details of Relevant Work Experience (Starting with the current or most recent one) (Add more cells and pages if required)									
Sl. No.	Organisation	Office	Post H	Post Held		То	Total Per (Years & months)	riod	
_	or responsibilitie ormed	es/tasks							
_	or responsibilitie ormed	es/tasks							
_	or responsibilitie ormed	es/tasks							
perfe	or responsibilitie ormed al experience	es/tasks							
14. Current Salary in Rupees (per month): (Inclusive of all components) 15. Whether the present organization will release immediately (in case contractual engagement is offered): Yes / No (Indicate with mark):  I do hereby certify that all the details stated above are true and that in case any information proves false my candidature will be liable to be cancelled.									
Date	-	, , , , , , , , , , , , , , , , , , , ,							
Place	e:			-					