OFFICE OF THE

BALURGHAT MUNICIPALITY

SOVA MAJUMDER SARANI
BALURGHAT : DAKSHIN DINAJPUR

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Memo No. 2755/G-8 Date 31/10/2025

Notification for engagement of Health Officer and Part time Medical Officer (PTMO) under, Balurghat Municipality, West Bengal.

Balurghat Municipality invites application from suitable candidates for the following posts:

Health Officer (HO) : - No. of Post 1(One)

Part Time Medical Officer (PTMO) : - No. of Post 2(Two)

Eligibility Criteria

1) The applicant must have medical qualification included in 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.
2) Upper limit of age for the posts in 62 Years as on 1st January 2025.
3) 2(Two) years practicing experience .

Terms & Conditions

1) The applicant must be permanent resident of West Bengal.
2) Remuneration of Health Officer will be Rs.62000/- per month.
3) Remuneration of Part Time Medical Officer will be Rs.900/- per day upto maximum of Rs.24000/- Per Month.
4) The Health Officer will be engaged on contract basis for 1(One) year only. This may be extended for further periods if the appropriate authority approves.
5) The PTMO will have to work at least three days in a week. He / She will be engaged on contract basis for 1(one) year only. This may be extended for further periods if the appropriate authority gives approval.
6) The candidates will have to apply in the prescribed application format attached with this notification.
7) The Candidates should enclose: i) A self attested photocopy of age proof. ii) Educational qualifications iii) Experience certificate from the concerned Hospitals / Nursing Homes iv) Xerox copy ID proof or Voter ID Card or AADHAAR Card.
8) NOC from the organizations / Hospitals / Nursing Home where he / she is presently working.
9) Applications will have to be submitted through Post, Currier or by hand to the receive section of Balurghat Municipality but it must reach by last date of submission of applications.
10) The last date for submission of application is 20.11.2025
11) No TA/DA will be paid to the candidate for appearing at the selection test / interview.
12) The original documents of age proof, educational qualifications, experience certificate etc. should be produced at the time of the Interview.
13) The appointment will be made only after getting approval from the appropriate authority.
14) The applicant can apply for one post or for both post.
15) The applicant should have the ability to read, write, and speak in Bengali (not required for those candidates whose mother tongue is nepali).
16) Decision of the competent authority will be final in the matter of selection. The Authority reserves the right to cancel / reject the application of any candidates without assigning any reason.

Chairman,
Balurghat Municipality

Application for the Post of Health Officer under Balurghat Municipality

Application Form

Application No.

(For Office Use Only)

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

Please put your signature across the photograph.

To
The Chairman,
Balurghat Municipality

Sir,
I am submitting herewith my candidature for the post of Health Officer. My details particulars are given below:-

(Relevant attested documents for educational qualifications and work Experiences need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)

Application for the Post of Health Officer (HO)

1. Name of the Candidate (In Capital Letter) :

FIRST NAME:

MIDDLE NAME:

SURNAME:

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

3) DATE OF BIRTH (DD/MM/YYYY)

4) Age as on 01.01.2025 **Years** **Months**

5) Nationality:

6) Address :

7) POSTAL ADDRESS (In Capital Letter) :

P.O :

Town / City :

Municipality : **Ward No:**

District :

State :

Pin Code :

8) Religion:

9) Caste (Gen/SC/ST/OBC):

10) Mobile Number:

11) Residence:

12) E- mail id:

13) Educational Qualification:

Sl. No.	Name of the Examination	Year of Passing	% of Marks	Subjects	Board/ University
	Others, if any				

14) Details of Relevant Work Experience (Starting with the current or most recent one (Add more cells and pages if required)

Sl. No.	Organization / Office	Post Held	From	To	Total Period (Years & Months)
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Total experience					

15) Whether the present organization will release immediately (in case contractual engagement is offered): Yes/No (Indicate with √ mark)

Declaration:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions 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 found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement will likely to be terminated.

Date:

Place:

Full Signature of the Candidate

Application for the Post of Part Time Medical Officer under Balurghat Municipality

Application Form

Application No.

(For Office Use Only)

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

Please put your signature across the photograph.

To
The Chairman,
Balurghat Municipality

Sir,
I am submitting herewith my candidature for the post of Part Time Medical Officer.
My details particulars are given below:-

(Relevant attested documents for educational qualifications and work Experiences need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)

Application for the Post of Part time Medical Officer (PTMO)

1. Name of the Candidate (In Capital Letter) :

FIRST NAME:

MIDDLE NAME:

SURNAME:

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

3) DATE OF BIRTH (DD/MM/YYYY)

4) Age as on 01.01.2025 **Years** **Months**

5) Nationality:

6) Address :

7) POSTAL ADDRESS (In Capital Letter) :

P.O :

Town / City :

Municipality : **Ward No:**

District :

State :

Pin Code :

8) **Religion:**

9) **Caste (Gen/SC/ST/OBC):**

10) **Mobile Number:**

11) **Residence:**

12) **E- mail id:**

13) **Educational Qualification:**

Sl. No.	Name of the Examination	Year of Passing	% of Marks	Subjects	Board/ University
	Others, if any				

14) **Details of Relevant Work Experience (Starting with the current or most recent one (Add more cells and pages if required)**

Sl. No.	Organization / Office	Post Held	From	To	Total Period (Years & Months)
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Major responsibilities/tasks performed					
Total experience					

15) **Whether the present organization will release immediately (in case contractual engagement is offered): Yes/No (Indicate with √ mark)**

Declaration:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions 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 found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement will likely to be terminated.

Date:

Place:

Full Signature of the Candidate