

# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India – 713101

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Memo No: - 435/6/XI-9

Date: - 30.03.2023

## Notice for Walk-in-Interview

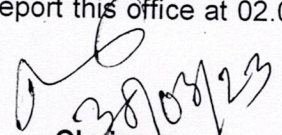
Burdwan Municipality requires the following posts: -

Name of the post	Upper Age Limit	No. of Posts	Eligibility Criteria	Remuneration
Medical Officer (Part time)	65 years as on 01/01/2023	Total -5	MBBS from a MCI recognized institute with 1 year compulsory internship. Must be registered under West Bengal medical Council.	Rs. 24,000/- consolidated per month or Rs 500 on actual basis of no. of duty days

### Terms and Conditions: -

1. The engagement is purely on contractual basis.
2. No TA DA will be allowed for the interview.

Interested candidates may join in a walk-in-interview on **11<sup>th</sup> April 2023** at the Conference Hall of the Burdwan Municipality with a Bio-Data, in prescribed format (enclosed herewith), and all testimonials in **original** along with one self attested copy of each. All the candidates should report this office at 02.00 PM.

  
Chairman

Burdwan Municipality

Memo No: - 435/1(8)/6/XI-9

Date: - 30.03.2023  
Chairman  
Burdwan Municipality

### Copy forwarded for information to: -

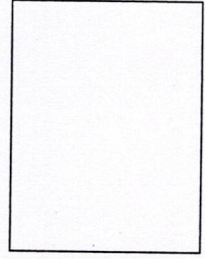
1. The District Magistrate, Burdwan.
2. CMOH, Purba Bardhman with a request to nominate one expert in the said interview.
3. Vice Chairman, Burdwan Municipality
4. MCIC (Health), Burdwan Municipality
5. Executive Officer / Finance Officer, Burdwan Municipality
6. Health Officer, Burdwan Municipality/Secretary, Burdwan Municipality
7. Office Notice Board/ Official Website, Burdwan Municipality.
8. Editor, \_\_\_\_\_, Burdwan with a request to publish the advertisement.

  
Chairman

Burdwan Municipality

Chairman  
Burdwan Municipality

**BIO DATA FORM THE POST OF MEDICAL OFFICER AT UPHC (Contractual)**  
**(To be filled in by the candidate in BLOCK LETTER)**



1. Name of the candidate:.....
2. Father's /Guardian's Name:.....
3. Date of birth:...../...../.....(DD/MM/YYYY)
4. Sex (Male/Female):.....
5. Caste & Categories: General /SC/ST/OBC-A/OBC-B/PH
6. Registration Number :.....
7. Name of the Medical Council:..... (Registration certificate must be submitted)
8. Address:  
 Address for communication:  
 .....  
 .....  
 Village/Town :.....  
 P.O:.....  
 P:S.....  
 District:.....
9. Mobile Number:.....
10. Residential Block/Municipality/MC:.....
11. Academic Qualification (self attested copy of mark sheet must be submitted with the application):

Examination	Board/University	Year of passing	Marks obtained	Out of total marks	% of Marks	Chances taken to pass
1 <sup>ST</sup> MBBS						
2 <sup>ND</sup> MBBS						
3 <sup>RD</sup> MBBS						
Diploma						
PG degree						
Any other qualification						

12. Year of experience in health sector only (must have appointment letter and experience certificate)

Sl no	Name of the organization	Designation	Type of work	Year of experience (upto 31/01/2023)

.....  
 Full Signature of the Candidate

Declaration

I hereby solemnly declare that the information furnished above are based on the material records and are true to the best of my knowledge and believe. If any information furnished or any part of it is found to be incorrect than I understand that my candidature for contractual engagement of the post of Part time Medical Officer of UPHC is liable to be cancelled without any further information to me.

.....  
 Full Signature of the Candidate