Memo No: 95/6/8/6

Notice for Walk-in-Interview

Burdwan Municipality requires the following posts:

<table>
<thead>
<tr>
<th>Name of the post</th>
<th>Upper Age Limit</th>
<th>No. of Posts</th>
<th>Eligibility Criteria</th>
<th>Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer (Part time)</td>
<td>66 years as on 01/01/2021</td>
<td>Total -6</td>
<td>MBBS from a MCI recognized institute with 1 year compulsory internship. Must be registered under West Bengal medical Council.</td>
<td>Rs. 24,000/- consolidated per month or Rs 500 on actual basis of no. of duty days but not exceeding Rs. 24,000.00, whichever is lower</td>
</tr>
</tbody>
</table>

Terms and Conditions:

1. The engagement is purely on contractual basis. Initial period of engagement is upto March 2022, which may be renewed depending upon need and performance of the candidate.
2. No TA DA will be allowed for the interview.

Interested candidates may join in a walk-in-interview on 5th January 2022 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 within 10.30 AM.

Memo No: 95/6/8/6/1(R)

Copy forwarded for information to:

1. The Sabhadhipati, BurdwanZillaParisad, Burdwan.
2. The District Magistrate, Burdwan.
3. Executive Officer / Finance Officer, Burdwan Municipality
4. Secretary, Burdwan Municipality
5. AE, Engineering Department, Burdwan Municipality
7. Editor, ________________, Burdwan with a request to publish the advertisement.
BIO DATA FOR THE POST OF PART TIME MEDICAL OFFICER

(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): .................................................................
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):

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

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

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Name of the organization</th>
<th>Designation</th>
<th>Type of work</th>
<th>Year of experience (up to 31/01/2021)</th>
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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

.............................................................................
Full Signature of the Candidate