Office of the Councillors of:

Mekliganj Municipality

P.O. Mekliganj, Dist :Coochbehar

Phone No. (03584)255249, 255480, 255458, Fax No. :(03584) 255249, Email : mekliganj.m@gmail.com

Memo No. 1090/MM/IGE-08/25-26 Date. 10/09/2025

Walk-in-interview

A walk-in interview for the post of Health Officer(Contractual) will be conducted on 23.09.2025 (Tuesday) at 12:00 noon in the chamber of the Chairman, Mekliganj Municipality.Interested candidates are requested to bring all relevant testimonials along with 2 (Two) sets of Self-attested photocopies of the same and 2 (Two) copies of passport size photographs.

Details are given in the table below:

NAME OF THE POST	HEALTH OFFICER (Contractual)
NUMBER OF POST	UR-01
QUALIFICATION	The applicant must have medical qualification included in the 1st or 2nd schedule or part -2 of indian medical council act- 1956 and registration as medical practitioner of West Bengal with desirable qualification of two year practicing experiences.
AGE	Not exceeding 62 years.
PROCESS OF SELECTION	Interview to be conducted by selection committee.
REMUNERATION	Rs- 62000.00 per month.

General Instructions:-

01.The contractual renumeration of health officer will be fixed at Rs. 62000/- only per month

02. Health officer shall be engaged on contract initially for period of **01(one)** year.

03.NOC required for those applicants who are working in any organisation/government.

04.The candidate will have to come with duly filled prescribed format available in our website (www.mekhliganjmunicipality.org & www.sudawb.org)

Chairman
Mekliganj Municiaplity
Mekliganj, Coochbehar

Chairman
Mekliganj Municipality
Mekliganj, Cooch-Behar

Memo No..... Date.....

Copy forwarded for kind information and necessary action:

01. The Director SUDA, ILGUS BHAVAN, HC BLOCK, SEC-III, Bidhannagar, Kolkata-700106,WB
02. The District Magistrate, Coochbehar
03. The Sub Divisional Officer, Mekliganj
04. The CMOH, Coochbehar
05. The Vice-Chairman, Mekliganj Municipality
06. The Executive Officer, Mekliganj Municipality
07. The Finance Officer, Mekliganj Municipality
08. The Head clerk in charge, Mekliganj Municipality
09. The Sanitary Inspector , Mekliganj Municipality
10. The IT Co-ordinator, Mekliganj Municiality, with a request to upload the application format in the Municipality official website.
11. Office Notice Board, Mekliganj Municipality

Chairman
Mekliganj Municiaplity
Mekliganj, Coochbehar

Chairman
Mekliganj Municipality
Mekliganj, Cooch-Behar

APPLICATION FORM

Affix self attested recent color passport size photo

To

The Chairman ,
Mekliganj Municipality
Mekliganj , Coochbehar

Sub:-Application for the post of Health Officer in Mekliganj Municipality.

1) Full Name (In Capital Letters) :

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

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3) Gender : Male ☐ /Female ☐ / Others ☐

4. Category (Along with Sub-category , if any).....

4) Date of Birth (DD/MM/YYYY) :.....

5) Nationality : .....

6) ADDRESS OF CORRESPONDENCE:.....
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7) Permanent Address (in Capital Letters)

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8) CONTACT DETAILS:

MOBILE NO..... LAND LINE NO.....

EMAI ID.....

9. ACADEMIC QUALIFICATION:

SL NO	SCHOOL/BOARD/UNIVERSTY/ INSTITUTION	DEGREE/DIPLOMA	YEAR OF PASSING	PERCENTAGE OF MARKS OBTAINED.

10. ADDITIONAL QUALIFICATION

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11. PRESENT OCCUPATION (IF ANY)

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12.NAME AND ADDRESS OF PRESENT EMPLOYER/ORGANIZATION

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13. EXPERIENCE (IF ANY)

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DECLARATION: I do hereby declare that all the information stated in this application form are true. in case any of my information furnished and document attached hereto be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Section/Recruitment process.

Date:

Place:

_____
Full Signature of the Applicant