

☎ : (03452) 255 164 / 255 767
Fax : (03452) 256 600

✉ : guskaramunicipality@yahoo.in

OFFICE OF THE GUSKARA MUNICIPALITY

P.O.: Guskara, Dist.: Purba Bardhaman, Pin - 713128, W.B.

ESTD.: 1988



Memo No. 399/GM

Dated, Guskara, the 20.06.2025

Walk- in Interview

A walk- in interview for the post of Health Officer (Contractual) will be conducted on 07.07.25 (Monday) from 12:00 pm to 1:00 pm in the Meeting Hall of Guskara Municipality. Kindly bring all relevant testimonials along with 2 sets of photocopies (Self Attested) and 2 passport size photographs. For details Please visit our website www.guskaramunicipality.co.in & www.sudawb.org

Sl. No.	Name of Post	Monthly consolidated Contractual Remuneration	No. Of post	Qualification Required for the post	Maximum age limit (As on 01.01.2025)
01	Health Officer (Contractual)	Rs.62,000.00	UR-01	Medical qualification in the 1 st or 2 nd schedule or part-2 of the 3 rd schedule of Indian Medical Council Act 1956 and registration as Medical practitioner of West Bengal with desirable qualifications of 2 years practicing experience	Not more than 62 years

GENERAL INFORMATION :-

1. The contractual remuneration of the Health Officer will be fixed at Rs.62, 000/- only per month.
2. The Health Officer shall be engaged on contract initially for a period of 01 (One) year.
3. The Candidate will have to come with duly filled prescribed format available in our website.
4. NOC requires for those applicants who are working in any organization/Government.



Chairman 20.6.25
Guskara Municipality
Kusai Mukherjee
Chairman
Guskara Municipality
Contd.page-2

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Memo No. 399/1(16)/G.M.

Dated, Guskara, the 20.06.25

Copy forwarded for information & necessary action to:-

1. The Director, SUDA, Kolkata
2. The District Magistrate, Purba Bardhaman.
3. The Sub Divisional Officer, Bardhaman Sadar (North), Purba Bardhaman.
4. The CMOH, Purba Bardhaman.
5. Vice-Chairman, Guskara Municipality.
6. President, Health, Education and Urban poverty Elevation standing committee and Councilor, Guskara Municipality.
7. President, Public Health & Sanitation standing committee and Councilor, Guskara Municipality.
8. The Executive Officer Guskara Municipality.
9. The Finance Officer Guskara Municipality.
10. The BDO, Ausgram - I No Block, Guskara.
11. The BMOH, BPHC, Ausgram - I, Bannabagram.
12. The Post Master, Guskara Sub Post Office, Guskara.
13. The Station Manager, Guskara Rail Station, Guskara.
14. The S.I. (CBPHCs), Guskara Municipality.
15. The IT Co-ordinator, Guskara Municipality-she is requested to upload the notice and application format in the Municipality website.
16. Office Notice Board, Guskara Municipality.

 20.6.25
Chairman

Guskara Municipality

APPLICATION FORMAT

(The application should be filled up in CAPITAL letters only)

Post applied for Health Officer (Contractual)

To ,
The Chairman,
Guskara Municipality

AFFIX PASSPORT
SIZE PHOTO

Sir,

Application for the post of Health Officer (Contractual) in Guskara Municipality.

1.NAME

2. FATHERS/HUSBAND NAME

3. GENDER: MALE/FEMALE

4.CATEGORY (Alongwith sub-category,if any).....

5. DATE OF BIRTH (DD/MM/YY)

6. NATIONALITY

7.ADDRESS:

ADDRESS OF CORRESPONDENCE

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PERMANENT ADDRESS.....

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8. CONTACT DETAILS:

Mobile No.....Land line No.....

e-mail ID.....

9. ACADEMIC QUALIFICATION

Sl. No.	School/Board/University/Institution	Degree/Diploma	Year of passing	Percentage of Marks obtained

10. ADDITIONAL QUALIFICATION (If any):

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11. PRESENT OCCUPATION (IF ANY):

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12. NAME & ADDRESS OF PRESENT

EMPLOYER/ORGANISATION:

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13. EXPERIENCE (if any):

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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 is found to be incorrect/false at any stage of the selection process or if any fact is found to have been concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall be taken against me.

Date.....

Place.....

Full Signature of the Candidate