

Memo no.....306..... Estt./SMC

Date.....26/12/2020.....

2nd Notice

Applications are invited online for engagement of Health Officer on contract basis (initially for a period of one year) at Siliguri Municipal Corporation under State Urban Development Agency (SUDA) vide memo no. SUDA/11017/(18)/1/2020/5608, dt. 04/11/2020. More details as follows:

Sl. No.	Name of the Post	No. of post	Remuneration	Age Limit	Last date of application
1	Health Officer	1 (one)	Rs. 40,000/-	Not more than 62 years as on 1 st January, 2020	06/01/2021 by 4:30 pm

Qualification & Experience

The applicants must have medical qualification included in the 1st or 2nd schedule or part-2 of the 3rd schedule of Indian Medical Council Act-1956 & registration as medical practitioner of West Bengal with desirable qualifications of 2 (two) years practicing experience.

1. Candidate must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authority along with application.
2. Candidate must apply in the prescribed application form to be downloaded from the Siliguri Municipal Corporation Website www.siligurismc.in in A4 size paper.
3. Candidates have to submit their applications through e-mail only at smcwb@hotmail.com. All documents have to be scanned along with the application form in PDF format and in a single PDF file.
4. All communication with candidates will be made through e-mail only.
5. The eligible candidates will be invited for an interview to be conducted by the Selection Committee. The interview will be conducted by the Siliguri Municipal Corporation through a web base video conferencing app.
6. Candidates are requested to follow up the website of Siliguri Municipal Corporation for future guidance, schedule of selection Test/Interview etc.

[Signature]
26/12/2020
Commissioner
Siliguri Municipal Corporation

To,
The Commisioner,
Siliguri Municipal Corporation,
SILIGURI

Paste recent
Passport size
photograph
dully signed
across

Application for the Post of Health Officer

Sir,

In response to your advertisement notice no. _____ dated _____
for the post of Health Officer, I prefer myself as a candidate. Details of my BIO-DATA is given
below:

1. Name (IN BLOCK LETTERS) :
2. Father / Husband Name :
3. Date of Birth (DD/MM/YYYY) :
4. Gender :
5. Marital Status :
6. Caste Category : GEN / SC / ST / OBC-A / OBC-B / PH
7. Address :
8. Contact No. :
9. e-Mail ID :
10. Qualification Details :

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage (%)
1.	Madhyamik / Equivalent					
2.	HS / Equivalent					
3.	Medical Qualification : Medical qualification included in the 1 st or 2 nd schedule or part-2 of the 3 rd schedule of Indian Medical Council Act-1956 & registration as medical practitioner of West Bengal					
4.	Others (give details)					

11. Experience Details:

Sl. No.	Details of employer (Organization Name & Address)	Joining Date	Working Tenure (in completed years)	Designation & job description
1.				
2.				
3.				
4.				

Declaration:

I do hereby declare that particulars furnished above are all correct.

Place:

Date:

Signature of the Applicant