

HOWRAH MUNICIPAL CORPORATION

Howrah Urban Health Society

4, Mahatma Gandhi Road, Howrah - 711 101. Phone: 2638 3211-13, Fax: 2641 2214/5846/5218.

Email:



HEALTH MISSION

Howarh Urban Health Society will engage Part Time Medical Officers as mentioned below for its Urban Primary Health Centres in Howrah City area purely on contractual basis through walk in interview.

Advertisement No: II-278/24-25, dated: 04/02/2025

A) Name of the post: Medical Officer (Part Time)

Number of Post: 18 Nos

Consolidated Renumeration: Rs. 24,000/ - (Twenty Four Thousand) per month

Essential Qualifiacation:

MBBS from a MCI recognized Institute with 1 year compulsory Internship

Registered in West Bengal Medical Council

Age Limit: Upto 67 years or less as on 01.01.2025

Date of Interview / Reporting Time: 13th February,2025 from 2pm

Venue of Interview: Pranab Mukherjee Savagriha (Conference Room)

Interested candidates are requested to visit the official website of HMC -to https://www.mvhmc.in/download application format and general information.

> OSD-H (Admin) Howrah Municipal Corporation

Secretary-Howrah Urban Health Society

The general Information for the Applicants / Candidates are as follows

- Application forms not properly filled in or incomplete application forms are liable to be cancelled.
- The essential Qualifications mentioned are the minimum and mere possession of the same does not
 entitle the candidate to claim selection. <u>All the essential qualification must be completed on the date of
 submission of application.</u>
- 3. The original photocopies of each of the following documents stated below must be brought at the time of Intrview and enclosed the photocopies of documents with the application.
- Age Proof Certificate (Madhyamik or equivalent examination certificate)
- Certificate of MBBS and West Bengal Registration
- Certificate of Madhyamik or Higher Secondary
- Proof of Address (Passport or Voter or Adhaar ID)
- Proof of Identity (Passport or Voter ID)
- 4. The decision of the competent authority regarding the engagement will be final.
- 5. The Howrah Urban Health Society reserves the right to change / modify any / all of the above condition

OSD-II (Alimin)

Howrah Municipal Corporation

&
Secretary-Howrah Urban Health Society

Application Format for the Post of Part Time Medical Officer

| 1) Name in | full (Block Le | etter): | | | | |
|-------------------------|--------------------------------------|---|--------------------|-------------------|---------------------|-----------------|
| 2) Guardia | Guardian's Name : | | | | | |
| | | ding to Madhya amination certi | | | | |
| b) Age | as on 01.01.20 | 24 : | | | | |
| 4) Are you | Are you physically handicapped?: | | | | | |
| 5) Caste: | | | | | | |
| | | al letters) to which should be sent: | h | | ; | |
| 7) Permane | ent Address (in | capital letters): | | | : | |
| 8) Contact | No: | | | | | |
| 9) Email ID |); | | | | | |
| 10) a) Whet | her citizen of I | ndia , write Yes | s or No : | | | |
| b) Whet | her natural citi | zen of India or | citizen by registr | ration | | |
| 11) Educatio | onal Qualificat | ion : | | | | |
| Name of the Examination | Name of the Board / University | Full Marks | Marks obtained | % of Marks | Division / Grade | Year of passing |
| 12) Profession | onal / other Qu | ualifications or S | Specialization: | | | |
| Name of the Examination | Name of the Board / University | Registration No | Full Marks | Marks obtained | % of Marks | Year of passing |
| | | | • | | | |
| | | | | | | |

| 13). | Details of Experience (If any): |
|--------|---|
| to the | I do hereby declare that all statements made in this application form are true, complete and correct ne best of my knowledge and belief. In the event of any information being found suppressed/ false or rrect, or if my ineligibility is detected being false, my candidature will stand cancelled. |
| Plac | e: |

Full Signature of the candidate

Date: