



# Hooghly-Chinsurah Municipality

Mahendra Mitra Road, Pipulpati, PO & Dist. – Hooghly

Tel.: 2680-2899/2319, Telefax.: 2680-6092

Memo No.: 1300.....HC-HD/HCM

Dated: 12/07/2025

Application as prescribed format are invited from eligible persons for appointment to the post mentioned below: -

Sl. No.	Name of the Post	No. of Vacancy	Eligibility
1	Health Officer	1 (Unreserved)	<ol style="list-style-type: none"><li>1. Medical qualification included in the First or Second Schedule or Part-II of the Third Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualification of two years practicing experience.</li><li>2. Age Limit-not more than 62 years as on 1<sup>st</sup> January, 2025</li></ol>

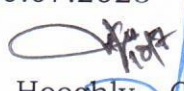
## Terms and Condition:


1. The contractual remuneration of the Health Officer will be fixed at Rs. 40,000/- (Rupees Forty thousand only) per month.
2. The Health Officer shall be engaged on contract initially for period of 1(one) year.
3. The candidates will have to apply in the prescribed Application Format.
4. Application Format is to be downloaded from the website of Hooghly-Chinsurah Municipality, <http://www.hcm.net.in>
5. Candidate should enclose self-attested photocopy of the age proof certificate with the application.
6. NOC requires for those applicants who are working in any organization/Government.
7. The candidates have to submit their application through e-mail only at [hoogch@yahoo.com](mailto:hoogch@yahoo.com)
8. All documents have to be scanned along with the application from in PDF format.
9. All communication with the candidates will be made through e-mail only.
10. The last date for submission of application is 22.07.2025 within 5.00 PM
11. Eligible candidates will be invited for an interview to be conducted by the selection committee. Probable date of interview will be 30.07.2025

Memo No.: 1300/11.....HC-HD/HCM

Copy forwarded for information and taking necessary action to:

- 1) Shri Joly Chaudhuri, WBCS (Exe.), Special Secretary to the Govt. of West Bengal, UD & MA Department.
- 2) The District Magistrate, Hooghly
- 3) The Chief Medical Officer of Health, Hooghly
- 4) The Sub Divisional Officer, Sadar, Hooghly
- 5) The Vice-Chairman, HCM
- 6) The President /Secretary, IMA, Chinsurah
- 7) The CIC(Health), HCM
- 8) The Executive Officer, HCM
- 9) The Finance Officer, HCM
- 10) The Medical Officer, NUHM, HCM
- 11) The Nodal Officer, Health, HCM

  
Chairman  
Hooghly - Chinsurah Municipality  
Dated: 12/07/2025

  
Chairman  
Hooghly - Chinsurah Municipality

Chairman

Hooghly-Chinsurah Municipality

# APPLICATION FORM

To  
The Chairman,  
Hooghly-Chinsurah Municipality  
Mahendra Mitra Road, Pipulpati  
Hooghly. 712103

Affix Self  
attested  
recent color  
passport size  
photo

## Application for the post of Health Officer

Employee Notice Vide Memo No. 1300/HD-HC/HCM, Dt. 12.07.2025

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 / ☐ ☐ ☐

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

5) Nationality : .....

6) Present Address for communication (in Capital Letters)

VILL. ...., P.O. ....

P.S. ...., DIST. ....

STATE ...., PIN. ....

7) Permanent Address (in Capital Letters)

VILL. ...., P.O. ....

P.S. ...., DIST. ....

STATE ...., PIN. ....

8) Contact No. : .....

9) E-mail ID : .....



**10) Academic Qualifications :**

SI No.	Examination Passed	Board /Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage

**11) Additional Qualification (if any) :**

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**12) Working Experience (if any) :**

SI No	Name of the Organization	Name of the post	Date of Joining	Date of Leaving	Total Working Period (in years)

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 is found to 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 Selection / Recruitment process.

Date :

Place :

\_\_\_\_\_  
Full Signature of the Applicant