

State Urban Development Agency

Under UD&MA Department, Govt. of West Bengal

ILGUS Bhavan, Block HC, Sector-III, Salt Lake, Kolkata – 700 106.

Memo no. SUDA-12017(18)/3/2023/ 5487

Date : 18.07.23

Applications are invited from the eligible candidates of citizen of India to fill up the vacancies of the posts of Health Officers purely on contract basis for different ULBs as per terms and conditions stated below:-

1. Name of the post: Health Officer on contract basis at ULBs
2. No. of vacancies: 45 (forty five).
3. Appointing Authority: Concerned ULBs.
4. Place of posting: Urban Local Bodies.
5. Age: Not exceeding 67 years as on 1st day of the calendar year i.e. as on 01.01.2023.
6. Essential Qualification: The applicants must have medical qualifications included in the 1st or 2nd Schedule or Part -2 of the 3rd Schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of 2 years practicing experience.
7. **Terms & Condition:**
 - Monthly contractual remuneration will be Rs. 62,000/- (Rupees Sixty Two thousand only) per month.
 - The Health Officer shall be engaged on **contract basis initially for a period of 1 (one) year.**
 - The candidates will have to apply in the prescribed Format. Application Format is to be downloaded from the website of SUDA (**www.sudawb.org**), UD & MA Department (**www.wburbanservices.gov.in**) and official website of **H&FW Department.**
 - Candidate should enclose self attested copy of all the necessary documents such as proof of age, certificate of educational qualifications & Registration Certificate with West Bengal Medical Council etc. along with the application format at the time of submitting the application. Original documents are to be produced at the time of Walk in interview or /as on demand.
 - All applications must be **addressed to the Director, SUDA.**
 - The applications are to be submitted through **Registered Post / Speed Post / Courier/ physically** in the designated drop box at the Office of the Director, SUDA or through **e-mail at sudawbhealth@gmail.com within working days.**
 - The last date for submission of application is **11-08-2023 within 5.00 PM** after that no application will be received or entertained.



8. The selection would be based on –

- Selection of Health Officer on contract shall be done based on the walk in interview.
- After completion of the selection procedure, the name of the panel candidates along with the tentative place of posting shall be displayed in the website of SUDA and the Department.

9. No TA/ DA will be allowed to attend the Walk in interview.

10. The list of ULBs along with the vacancy position are given below:

Sl. No.	Name of the ULBs	Programme Name	No. of H.O.	Sl. No.	Name of the ULBs	Programme Name	No. of H.O.
1	Alipurduar	UPHCS	1	24	Contai	CBPHCS / HHW Scheme	1
2	Asansol MC	UPHCS	1	25	Coopers Camp NAA	CBPHCS / HHW Scheme	1
3	Balurghat	UPHCS	1	26	Dalkhola	CBPHCS / HHW Scheme	1
4	Barasat	UPHCS	1	27	Dhupguri	CBPHCS / HHW Scheme	1
5	Baruipur	UPHCS	1	28	Diamond Harbour	CBPHCS / HHW Scheme	1
6	Bhatpara	UPHCS	1	29	Haldia	CBPHCS / HHW Scheme	1
7	Budge Budge	UPHCS	1	30	Jhargram	CBPHCS / HHW Scheme	1
8	Champdany	UPHCS	1	31	Kandi	CBPHCS / HHW Scheme	
9	Darjeeling	UPHCS	1	32	Katwa	CBPHCS / HHW Scheme	1
10	Hooghly Chinsurah	UPHCS	1	33	Kharar	CBPHCS / HHW Scheme	1
11	Konnagar	UPHCS	1	34	Kurseong	CBPHCS / HHW Scheme	1
12	Madhyamgram	UPHCS	1	35	Midnapore	CBPHCS / HHW Scheme	1
13	Naihati	UPHCS	1	36	Nabadwip	CBPHCS / HHW Scheme	1
14	Raiganj	UPHCS	1	37	Old Malda	CBPHCS / HHW Scheme	1
15	Rishra	UPHCS	1	38	Purulia	CBPHCS / HHW Scheme	1
16	Serampore	UPHCS	1	39	Raghunathpur	CBPHCS / HHW Scheme	1
17	Siliguri MC	UPHCS	1	40	Sainthia	CBPHCS / HHW Scheme	1
18	Uluberia	UPHCS	1	41	Santipur	CBPHCS / HHW Scheme	1
19	Uttarpara Kotrung	UPHCS	1	42	Sonamukhi	CBPHCS / HHW Scheme	1
20	Bankura	CBPHCS / HHW Scheme	1	43	Suri	CBPHCS / HHW Scheme	1



Sl. No.	Name of the ULBs	Programme Name	No. of H.O.	Sl. No.	Name of the ULBs	Programme Name	No. of H.O.
21	Basirhat	CBPHCS / HHW Scheme	1	44	Taherpur N.A.A.	CBPHCS / HHW Scheme	1
22	Beldanga	CBPHCS / HHW Scheme	1	45	Tamralipta	CBPHCS / HHW Scheme	1
23	Chakdah	CBPHCS / HHW Scheme	1	Total:			45



Director

State Urban Development Agency

Application Form

Application No.
(For Office Use Only)

PASTE (Do not pin / staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

Please put your signature across the photograph

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except Signature in CAPITAL LETTER)

Advertisement No. SUDA-12017(18)/3/2023/

Dated:

**Application for the post of Health Officer on contract at -----
Municipal Corporations / Municipality / N.A.A.**

1. Name (In Capital Letter) :

FIRST NAME:

MIDDLE NAME:

SURNAME:

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

3) DATE OF BIRTH (DD/MM/YYYY)

4) Age as on 01.01.2023 **Years** **Months**

5) Marital Status (Tick in appropriate box):

Married

Unmarried

6) Nationality:

7) Address :

7.1. PERMANENT ADDRESS (In Capital Letter) :

P.O :

Town / City :

Municipality :

Ward No:

District :

State :

Pin code :

12) Computer literacy:

13) Extra Curriculum Activities (If any):

14) Language Known: (PLEASE TICK ✓)

Sl. No.	Language	WRITING	READING	SPEAKING

15) Check List of documents: (PLEASE TICK ✓ IN THE BOX)

Sl. No.	Documents	Y/N	No. of documents enclosed (Photocopies)
1.	Proof of age (Madhyamik Admit card)		
2.	Proof of Academic Qualifications		
3.	Proof of registration with West Bengal Medical Council		
4.	Others, if any (please specify)		
5.			
6.			

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 found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

Date:

Place:

Full Signature of the Candidate