



# BERHAMPORE MUNICIPALITY

BERHAMPORE : MURSHIDABAD : WEST BENGAL

118, R. N. Tagore Road, Berhampore, Murshidabad - 742101

Phone: 03482-250012, Fax : 03482-251299, e-Mail : chairman.berhampore@gmail.com

Memo No.

1735 for Health/23/15m.

Date- 29.05.23.

## NOTICE

The application in prescribed format is invited from eligible persons for appointment to the post mentioned below.

Sl. No.	Name of the Post	No. of Vacancies	Category	Eligibility Criteria
1.	Part Time Medical Officer(P.T.M.O)	02	Unreserved (Contractual)	<p>i) Medical qualifications included in the First or Second Schedule of Part-II of the Third Schedule of the Indian Medical Council Act, 1956 and registration as Medical Practitioner of West Bengal with desirable qualifications of two years practicing experience.</p> <p>ii) Age limit – not more than 63 years as on 1<sup>st</sup> January, 2023.</p>

1. The contractual remuneration of the P.T.M.O will be fixed at Rs.24,000/- (Rupees Twenty four Thousand only)(Maximum) per month or Rs. 900/- (Nine hundred only) per day on daily payment basis .
2. The P.T.M.O shall be engaged on contract basis initially for a period of one (01) year.
3. Candidates must furnish the self-attested photo copies of all testimonials and certificates such as (i) Admit Card of Madhyamik(ii)Madhyamik& H.S Mark sheet , (iii) Copy of M.B.B.S Pass Certificate , (iv) Medical Council Registration Certificate ,(v) Experience Certificate on Medical Practice, if any, issued by the competent authority along with application.
4. Candidates must apply in the prescribed application format available for downloading on Berhampore Municipal official website ([www.berhamporemunicipality.org.in](http://www.berhamporemunicipality.org.in)).
5. Candidates should enclose self-attested photocopy of the age proof certificate(Birth Certificate /Admit Card/Aadhar Card) with the application.
6. The candidates have to submit their applications through e-mail /by Post/ by hand. All documents along with the application form have to be scanned in a single PDF file and the same should be clearly visible in case of submission through e-mail.
7. The last date for submission of Scanned copy of Application with other papers through E.mail ID chairman.berhampore@gmail.com/ by Post within 06/06/2023 at 04:00 P.M.
8. All the eligible candidates applied or those who will apply to appear at the walk-in-interview before **the Selection Committee on 07/06/2023 at 04:00 P.M** at the office of the Chairman , Berhampore Municipality. **Candidate should bring original copies of all testimonials as per details furnished in the application form.**
9. Candidates are requested to follow up the website of Berhampore Municipality for further information related to the notice.
10. The decision of the Selection Committee will be final and not to be challenged .
11. The undersigned reserves the right to cancel / drop / postpone the whole process at any point of time without assigning any reason thereof.
12. Date & Time of walk-in-interview to be started – 07/06/2023 at 03:00 P.M.
13. No TA/DA will be paid to the candidates for appearing at the selection test /walk-in-interview.

  
Executive Officer  
Berhampore Municipality

**APPLICATION FORMAT**  
(Should be filled in BLOCK letters only)

Post Applied for Part Time Medical Officer (Contractual)

To  
The Chairperson  
Board of Administrators  
Berhampore Municipality  
Berhampore, Murshidabad

Paste one  
self-attested  
passport  
size image

Sir,  
Application for the post of Part Time Medical Officer(Contractual) in Berhampore Municipality.

1. Name: .....
2. Father's / Husband's name: .....
3. Gender (Tick): Male ☐ Female ☐
4. Category (Along with Sub Category, if any): .....
5. Date of Birth (DD/MM/YYYY):   /   /    
  - a. Age as on 01/01/2023: .....
6. Nationality: .....
7. Address:  
Address for Correspondence: .....  
.....  
.....  
..... PIN .....  
Permanent Address: .....  
.....  
.....  
..... PIN .....
8. Contact Details:  
Mobile No. & Whatsapp No.: ..... / ..... Landline No.: .....  
E-mail ID : .....
9. Academic Qualification (s):

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. 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 of the information / details is found 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)