



OFFICE OF THE COUNCILLORS KATWA MUNICIPALITY

P.O.- Katwa, Dist.- Purba Bardhaman, Pin - 713130

From :

Kamala Kanta Chakraborty

Chairman

Katwa Municipality

FAX NO - 03453 - 258160

Kat : (03453) 255-160 Chamber

Kat : (03453) 255-005 Office

Memo No *147(KM/NUHM)/2026*

Notice for Employment

Dated, Katwa, the *03/01/2026*

Applications from the eligible Indian Citizens are invited for filling up the post of Part Time Medical Officers on contract under National Urban Health Mission.

Vacancy: 2

Age limit: Up to 67 years as on 1st January' 2026

Qualification: MBBS from a MCI recognized institute with 1 year compulsory internship and Registered under West Bengal Medical Council.

Remuneration: The contractual remuneration of this post will be Rs. 24,000/- (Twenty Four Thousand Only) per month or 900/- (Nine Hundred Only) per day maximum up to Rs. 24000/-(Twenty Four Thousand Only) per month.

How to Apply:

1. Application format is available at website www.katwamunicipality.com and applications are to be submitted on Interview date.
2. Applicants have to bring all testimonials including Medical Registration Certificate in original and self-attested photocopies for proof of educational qualification, technical qualification, proof of age and resident on that day along with filled in prescribed application form.
3. Application forms are not to be sent to this end either by hand/post or through e-mail and/or any other way in any circumstances.
4. The Municipal Authority preserves the right to cancel any application for incomplete information or non-fulfilment of eligibility criteria without any intimation to the candidate concerned.
5. If at any state of the recruitment process it is found that any of the candidate did not meet up any of the conditions applicable for the respective post or there is discrepancy in the eligibility criteria of the candidate, his/her candidature will be cancelled showing reason thereof.
6. Applicant should attend Katwa Municipality for **Walk-in-Interview** on **15/01/2026 at 12:00 Noon sharp.**
7. The willing candidates are requested to report at this **office sharp at 10:30 AM on 15/01/2026 for verification of documents.**

Venue of the Interview: Katwa Municipality Health Wing, Katwa Duckbanglow Road, Purba Bardhaman, Pin-713130.

Note: The Municipal Authority reserves the right to rectify errors and omissions if any, in the process of holding the examination and final declaration of result. No TA/DA will be allowed to attend the interview. For details please visit our website: www.katwamunicipality.com

W. Chakraborty

Chairman

Katwa Municipality

Chairman

Katwa Municipality

Memo No: *147(11)/KM/NUHM/2026*

Copy Forwarded for information and necessary action to:

1. The District Magistrate, Purba Bardhaman
2. The Chief Medical Officer of Health, Purba Bardhaman
3. The Sub-Divisional Officer, Katwa
4. The ACMOH, Katwa Sub-Division
5. The Executive Officer, Katwa Municipality
6. The Finance Officer, Katwa Municipality
7. The Head Clerk, Katwa Municipality
8. The Accountant, Katwa Municipality
9. The MMOH, Katwa Municipality
10. The PHM, Katwa Municipality
11. The IT- Coordinator, Katwa Municipality with an instruction to publish in official website.

Date: *03/01/2026*

W. Chakraborty

Application Form

Paste Recent
Passport Size
Photograph

To
The Chairman,
Katwa Municipality,
Katwa, Purba Bardhaman.

APPLICATION FOR THE POST OF PART TIME MEDICAL OFFICER ON CONTRACT UNDER NHUM

1. APPLICANT NAME (Block Letter):
2. S/D/W/ of:
3. Present address with pin code:
4. Permanent address with pin:
5. Gender:
6. Date of Birth:
7. Age as on 01.01.2026 :
8. Caste (General /SC/ST/BC):
9. Contact No :
10. Valid e-mail ID :

11. Educational Qualification:

Sl. No	Name of the Examination	Board/University/ Council	Year of Passing	Total Marks	Marks Obtained	Percentage of Marks
1.						
2.						
3.						
4.						


Chairman
Katwa Municipality

12. Working Experience, if any

Sl. No	Name of the Organization	Joining Date	Leaving Date	Total period of Working Experience	Nature of Work
1.					
2.					
3.					
4.					
5.					

13. Additional Qualification, if any:

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 fulfil 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 state 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:

Full Signature of the Candidate

Place:

List of self attested documents are enclosed this application.


Chairman
Katwa Municipality