



# HOWRAH MUNICIPAL CORPORATION

## HEALTH DEPARTMENT

4, Mahatma Gandhi Road, Howrah – 711 101.  
Phone: 2638 3211-13, Fax: 2641 2214/5846/5218.  
Email : [health.howrahmc@gmail.com](mailto:health.howrahmc@gmail.com)

**Memo No: H-302/25-26**

**Date: 13/11/2025**

## **Detailed Advertisement**

Applications are hereby invited from eligible candidates for the post of “Health Officer” on contract for Howrah Municipal Corporation.

Details are given below:

<b>Name of the Post</b>	<b>Health Officer on contract</b>
<b>Number of Post</b>	01 (One)
<b>Qualification</b>	Medical Qualification included in the 1 <sup>st</sup> or 2 <sup>nd</sup> schedule or part 2 of the 3 <sup>rd</sup> schedule of Indian Medical Council Act-1956 and registration as Medical Practitioner of West Bengal with desirable qualification of 2 years practicing experience. Candidate with minimum 5 years administrative experience is preferable for the said post.
<b>Age</b>	Not exceeding 62 years as on 01-01-2025
<b>Process of Selection</b>	Interview to be conducted by the Selection Committee.
<b>Remuneration</b>	Rs. 62,000/- per month (Consolidated)
<b>Form submission period</b>	From 17/01/2025 to 01/12/2025

### **Terms & Conditions:**

1. The Health officer shall be engaged on Contract basis initially for a period of 1(One) year.
2. The candidates will have to apply in the prescribed application format, which is to be downloaded from the official website Howrah Municipal Corporation (<http://www.myhmc.in/>).
3. Candidates should enclosed self attested photo copies of all testimonials and certificates stated below:
  - (a) Age proof – Birth Certificate/ Madhyamik or equivalent examination certificate
  - (b) Proof of medical qualification
  - (c) Proof of registered medical practitioner of West Bengal.
  - (d) Proof of practising experience (if any).

- (e) Proof of administrative experience (if any).
- (f) Proof of identity (Passport/ Voter ID/ Aadhaar).
- (g) Proof of address (Passport/ Voter ID/ Aadhaar).

4. One self attested photograph is to be pasted on proper place of application format.
5. Application form in prescribed format to be submitted by hand, in drop box during office hours (except on Govt. holidays) or by post, addressed to The Commissioner, Howrah Municipal Corporation with sealed envelope especially marked as “Application for the post of Health Officer on contract”. Drop box to be kept at the entrance of the Health Department, Annex Building-1<sup>st</sup> floor, Howrah Municipal Corporation.
6. The date and time of the interview will be intimated accordingly after verification of the documents.
7. No TA/ DA will be allowed to attend the interview.
8. The decision of the competent authority regarding the selection will be final.
9. Howrah Municipal Corporation reserves the right to change/modify any/all of the above condition.

**Sd/-  
Commissioner  
Howrah Municipal Corporation**

# Application for the post of Health Officer on Contract under H.M.C

Application No.  
(For Office Use Only)

PASTE (Do not Pin or  
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 (Except Signature)**

**Memo No : H-302/2025-26**

**Dated: 13.11.2025**

**Application for the post of Health Officer on Contract:**

**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 01.01.2025**  Years  Months

**5) Nationality:**

**6) Address:**

**6.1. PERMANENT ADDRESS (In Capital Letter):**

**P.O:**

**Town / City:**

**Municipality:**  **Ward No:**

**District:**

**State:**

**Pin code:**

**6.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :**

A horizontal bar composed of 15 empty square boxes of equal size, arranged in a single row. A thin horizontal line is positioned below the center of the bar.

P.O:

**Town / City:**

**Municipality:** \_\_\_\_\_ **Ward No:** \_\_\_\_\_

**District:**

**Pin Code:**

## 7) Contact Details :

i. Mobile Number:

ii. Residence :

iii. E-mail id :

#### **8) Professional Qualifications or Specialization:**

Name of the Exam <b>MBBS/MD</b>	Name of the Board/University	Registration No	Full Marks	Marks Obtained	%of Marks	Year of Passing
<b>MBBS</b>						
<b>MD</b>						

9) West Bengal Medical Council Registration No:

## 10) Experience (Starting from Present experience):

Name of the Appointing Authority	Designation	From (Month/Year)	To (Month/Year)	Total Experience (In years)	Brief Description of your Duties

**Declaration:**

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

**Date:**

**Place:**

**Full Signature of the Candidate**