

# OFFICE OF THE COUNCILLORS BARUIPUR MUNICIPALITY



Address:- Kulpi Road, P.O.-Baruipur, Dist.-South 24 Parganas, Kolkata-700144

E-mail: barui\_07@yahoo.com, Contact No.: 033 24338201

Memo No. **40** /BM /Health/Recruitment (M.O.)/2025-26


Date: **08.04.2025**

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

| SL No | Name of The Post                              | No. of Vacancy | Age Limit   | Eligibility  | Remuneration for Part time Specialist M.O.                       |
|-------|---|----------------|---|--|--|
| 1.    | <b>SPECIALIST (Medicine)</b>                  | 1 (UR)         | Not Exceeding 67 Years as on 1 <sup>st</sup> January 2025 | <ul style="list-style-type: none"> <li>• MBBS Degree from an MCI recognized Institute.</li> <li>• Post-Graduate degree/DNB in <b>Medicine</b></li> <li>• Must be registered under West Bengal Medical Council</li> </ul>                           | Rs. 3,000/- per day (At least 3 hours per day) for thrice a week |
| 2.    | <b>SPECIALIST (Paediatrics)</b>               | 1 (UR)         | Not Exceeding 67 Years as on 1st January 2025             | <ul style="list-style-type: none"> <li>• MBBS Degree from an MCI recognized Institute.</li> <li>• Post-Graduate degree/DNB/Diploma in <b>Paediatric Medicine</b></li> <li>• Must be registered under West Bengal Medical Council</li> </ul>        | Rs. 3,000/- per day (At least 3 hours per day) for thrice a week |
| 3.    | <b>SPECIALIST (Obstetrics and Gynecology)</b> | 1 (UR)         | Not Exceeding 67 Years as on 1st January 2025             | <ul style="list-style-type: none"> <li>• MBBS Degree from an MCI recognized Institute.</li> <li>• Post-Graduate degree/DNB/ Diploma in <b>Obstetrics and Gynecology</b></li> <li>• Must be registered under West Bengal Medical Council</li> </ul> | Rs. 3,000/- per day (At least 3 hours per day) for thrice a week |
| 4.    | <b>SPECIALIST (Ophthalmologist)</b>           | 1 (UR)         | Not Exceeding 67 Years as on 1st January 2025             | <ul style="list-style-type: none"> <li>• MBBS Degree from an MCI recognized Institute.</li> <li>• Post-Graduate degree/DNB/ Diploma in <b>Ophthalmology</b></li> <li>• Must be registered under West Bengal Medical Council</li> </ul>             | Rs. 3,000/- per day (At least 3 hours per day) for thrice a week |

### Terms and Condition:

1. The Applicants will have to apply in the prescribed Application Format.  
Application Format is to be downloaded from the Website of Baruipur Municipality: [baruipurmunicipality.org.in](http://baruipurmunicipality.org.in)
2. Applicant should enclose self-attested photocopy of the Age (Admit Card/School leaving Certificate issued by appropriate authority, Address (Passport/Voter ID/Aadhaar ID) & Qualification (Certificate of MBBS with Post Graduate Degree/Diploma/DNB and West Bengal Medical Council Registration) etc. with the application.
3. NOC requires for those applicants who are working in any organization / Government must route their application through proper channel.
4. The Essential Qualifications mentioned are the minimum and mere possession of the same does not entitles the candidates to claim selection.
5. The decision of the competent authority regarding the engagement will be final.
6. The Applicants have to submit their applications addressed to **The Sub-Divisional Officer**, Baruipur, Kolkata – 700144 through e-mail ([nuhmbarui@gmail.com](mailto:nuhmbarui@gmail.com)) or **By Post (Must be received by our ULB 29<sup>th</sup> April 2025 within 4 P.M.)** only. All documents have to be scanned along with the application form in PDF format.
7. All communication with candidates will be made through e-mail & telephone only.
8. The Last Date for submission of application is – **29<sup>th</sup> April 2025 within 4.00 PM.**  
After 4.00 PM no application received by mail or by Post.
9. Eligible candidates will be invited for an interview to be conducted by the Selection Committee.

  
**Sub-Divisional Officer, Baruipur Sub-Division  
& Chairperson, Selection Committee**  
 Baruipur, South 24 Pgs



## APPLICATION FORM

To  
The Sub Divisional Officer,  
Baruipur Sub Division,  
P.O. & P.S. – Baruipur  
Dist. – South 24 Parganas  
Kolkata - 700144

Affix Self  
attested  
recent color  
passport size  
photo

### Application for the post of "Specialist (Medicine/Paediatrics/G&O/Ophthalmologist)"

1) Full Name ( In Capital Letters) :

.....

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

.....

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

4) Nationality: ..... Age (As on 1<sup>st</sup> January 2025): .....

5) Present Address for communication (in Capital Letters)

Road/Lane ....., Post Office .....

Police Station....., District.....

Landmark.....,

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

6) Permanent Address (in Capital Letters)

Road/Lane ....., Post Office .....

Police Station....., District.....

Landmark.....,

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

7) Contact No. : .....

8) VALID E-mail ID:.....

9) Academic Qualifications :

| SL No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|--------------------|---------------------------|-----------------|-------------|----------------|------------|
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |
|        |                    |                           |                 |             |                |            |

10) Additional Qualification (if any) :

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.....

11) Working Experience (if any) :

| Sl 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

