OFFICE OF THE BOARD OF ADMINISTRATORS

DANKUNI MUNICIPALIT

Estd: 01–11–2008 Uttar Subhas Pally, Manoharpur P.O. & P.S.: Dankuni, Dist: Hooghly, Pin: 712311 Phone No. 033 2659 0694

Website: www.dankunimunicipality.in, E-mail id: ulbdankuni@smail.com

Memo No. 1932 /DKM/21-22

Date: 17.01.22

EMPLOYMENT NOTIFICATION

Applications are invited from eligible persons for appointment of Clerical Assistant and Office Assistant under NUHM on Contractual basis as detailed below, under Dankuni Municipality, Dankuni, Dist- Hooghly, West Bengal.

A. Name of the post: Clerical Assistant on purely contractual basis.

No of Vacancy	1 (One)
Programme	Nation Urban Health Mission (NUHM)
Essential Educational Qualification	Graduate
Computer Knowledge	Certificate of basic knowledge of computer
Age limit	Not above 40 years (as on 01.01.2022)
Place of posting	UPHC 1 , Kharial , Dankuni
Remuneration (Consolidated)	Rs. 15000/- per month

B. Name of the post: Office Assistant on purely contractual basis.

No of Vacancy	1 (One)
Programme	Nation Urban Health Mission (NUHM)
Essential Educational Qualification	Madhyamik
Age limit	Not above 40 years (as on 01.01.2022)
Place of posting	UPHC 2 , Hanspukur , Dankuni
Remuneration (Consolidated)	Rs. 8000/- per month

Terms and Conditions:-

- 1. Application format is to be downloaded from the website of Dankuni Municipality www.dankunimunicipality.in
- 2. Candidates must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authorities along with application.

- 3. Self-attested recent passport size photo to be pasted on Application Form and name of the post for which applied must be mentioned on the cover of the application and the top of the application form as " Application for the post of ____ under NUHM. Dankuni Municipality".
- 4. NOC requires for those applicants who are working in any organization / Institution / Government establishment.
- 5. The candidates have to submit their applications ulbdankuni@gmail.com and all self attested documents have to be scanned along with the application form in PDF format or hard copy by Post / Courier.
- 6. All communication with candidates will be made through e-mail / by post or courier only.
- 7. The last date for submission of application is 31.01.22 within 05:00 PM or 17:00
- 8. Eligible candidates will be invited for an interview to be conducted by the Authority and selection committee and no TA will be paid in this regard.

Chairperson, Dankuni Municipality ikuni Municipality Date: 17.01.22

Memo No. 1932(15)/DKM/21-22

Copy forwarded for information & necessary action to :

- 1. The Mission Director, NHM & Secretary Health & Family Welfare Department.
- 2. The District Magistrate, Hooghly District.
- 3. The ADM, Health, Hooghly
- 4. The State Nodal Officer, NUHM, Health & Family Welfare Department.
- 5. The CMOH, Hooghly District.
- 6. The SDO, Serampore, Hooghly
- 7. The Dy-CMOH-I, Hooghly District.
- 8. The ACMOH, Serampore, Hooghly
- 9. The BMOH, Chanditala-II, Hooghly
- 10. The SPMU, NUHM, Swasthya Bhaban
- 11. The HR CELL WB SHFWS, Swasthya Bhaban
- 12. The Executive Officer, Dankuni Municipality.
- 13. The Finance Officer, Dankuni Municipality.
- 14. The IT Coordinator, Dankuni Municipality- for web posting
- 15. Notice Board.

Chairperson, B.O.A

Dankuni Municipality

(PIJUSH KANTI PAN) Vice-Chairperson Board of Administrators Dankuni Municipality

Application Format (The application should be filled up in CAPITAL letters only)

Post applied for Clerical Assistant / Office Assistant under NUHM

The Chairperson,
Board of Administrator,
Dankuni Municipality
Dankuni, Hooghly



Paste one selfattested passport size photo

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I would like to apply for the post of Clerical Assistant / Office Assistant under NUHM (Contractual) in Dankuni Municipality

1.	Name:	
2.	Father's/Husband's Name:	
3.	Gender: Male / Female	
4.	Category (Along with sub-category, if any):	
5.	Date of Birth (DD/MM/YYYY) :	
6.	Nationality:	
7.	Address (for correspondence):	
8.	Contact Details: Mobile :	E-mail:
9.	Academic Qualification: (from class X)	

SI No.	School/Board/University	Degree/Diploma	Year of passing	Percentage of marks obtained

10.	Additional	Qualification	(If	any):	
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11. Experience:

SL No	Name of the Organisation	Designation	Date of Joining	Years of Experience
			Trans Establishment	

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 shall 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 is found to be incorrect/false at any stage of the selection process or if any fact is found to have concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall ne taken against me.

Date:	
Place	:

Full signature of the candidate