

Recruitment Notice
OFFICE OF THE MUNICIPAL COUNCILLORS
Jalpaiguri Municipality

Employment Notice 62/M

Dated: 05/04/17

Application in the "Prescribed Format" is invited from the eligible candidates on purely contractual basis of two nos. Lower Division Clerk (LDC) and two nos. group-D Staffs for maximum period of 1 year along with the provision of subsequent renewal after every one year based on satisfactory performance appraisal under National Urban Health Mission (NUHM) under Jalpaiguri Municipality.

Sl No.	Name of the Post	No. of Post	Qualification/ Experience
1.	Lower Division Clerk (LDC)	02	<ol style="list-style-type: none">1. Qualification: Passed Graduate or equivalent examination from any Board recognized by the Government.2. Preference Shall be given to them who have knowledge of typing and computer in M.S. Office and Internet.
2.	Group – D Staff	02	<ol style="list-style-type: none">1. Qualification: Passed Madhyamik or equivalent examination from any Board recognized by the Government.2. Preference Shall be given on good Physique and sportsmanship.

Terms and Conditions are noted below-

1. The upper age limit of the LDC and Group – D Staff to be engaged will be 40 years as on 01.04. 2017. (Minimum age limit for such posts shall be 18 years.)
2. Contractual monthly remuneration for LDC will be Rs. 9000 /- (Rupees Nine Thousand only) and for Group – D Staff will be Rs.5000/ (Rupees Five Thousand) Only.
3. Candidates must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authority with application.
4. Candidates should apply in the prescribed Application Form to be downloaded from the Website in A4 size paper.
5. Candidates should enclose self-attested photocopy of the age proof certificate with the application.

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6. 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"

7. Application should reach on the following address through speed post only.

Address:-

To:-

The Chairman

Jalpaiguri Municipality

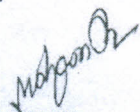
P.O & Dist:- Jalpaiguri

Pin- 735101

Candidates are requested to view the Website of Municipal Affairs Department (www.wbdma.gov.in) and of www.jalpaigurihealth.com and www.jalpaigurimunicipality.org for further details

8. LAST DATE OF SUBMISSION OF APPLICATION IS 24/04/2017 upto 4 pm

9. One person can apply for a single post only.


Chairman
Jalpaiguri Municipality

APPLICATION FORM

To
The Chairman,
Jalpaiguri Municipality
P.O. Jalpaiguri
District:-Jalpaiguri
West Bengal
Pin-735101

Attach passport
size photo
(self-attested)

Application for the post of.....

1) Name (IN CAPITAL LETTER):

[illegible]

2) Father's/Husband's Name (IN CAPITAL LETTER):

[illegible]

3) Gender: (MALE/FEMALE)

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4) Date of Birth:

D	D	M	M	Y	Y	Y	Y

5) Nationality:

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6) CATERGORY: (SC/ST/OBC/GENERAL)

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7) Address with pin code:

6.1 Present Address (IN CAPITAL LETTER)

[illegible]

6.2 Permanent Address (IN CAPITAL LETTER)

8) Contact number:

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9) Academic Qualification:

Sl. No.	School/Board/univ./ Inst.	Exam Passed	Year of Passing	Total Marks	Marks obtained	Percentage

9) Computer Knowledge:

10) Experience:

11) Additional Qualification(If any):

12) List of documents should be enclosed (Put Tick mark in the Box)

Sl. No	Documents	Yes	No	Sl.No	Documents	Yes	No
1	Proof of age			5	Copy of Employment Exchange card (if any)		
2	Proof of academic qualification			6	Copies of recent passport Size photographs		
3	Proof working experience						
4	Proof in support of category(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 fulfill these conditions. The details mentioned in the Application are true and I shall furnish the necessary certificates whenever required.

If any information/details found to be incorrect/false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my services may be terminated.

Date:

Place:.....

Signature of the Candidate