

**OFFICE OF THE  
SILIGURI MAHAKUMA PARISHAD**

(DISTRICT PUBLIC HEALTH CELL)

HAREN MUKHERJEE ROAD, SILIGURI-734001 :: DIST. DARJEELING

e-mail: [smpdphc@gmail.com](mailto:smpdphc@gmail.com)

Memo No. 1331/DPHC/ SMP

Date: 31/7/2025

**Notification for Engagement of Part Time Contractual Homeopathic Medical Officers for Gram Panchayat Level Dispensaries**

Applications are invited from the Indian Citizen for filling up 1 (one) post of Part-time Contractual Homeopathic Medical Officers under State Budget head, for Atharkhai Gram Panchayat of Matigara Development Block.


1. Eligibility Criteria :

(A) **Educational Qualification:** Minimum passed Higher Secondary Examination, certified by West Bengal Council of Higher Secondary Education' or its equivalent.

(B) **Professional Qualification :** A Bachelor Degree (BHMS) in Homeopathy from a recognized University or institution recognized by Central Council of Homeopathy and must be registered with State or Central Council of Homeopathy.

At the time of submitting application, all candidates must be registered with proper Council/Parishad and have to submit the registration certificate. Provisional certificate from the same authority can also be entertained but he/she have to produce the original registration certificate within six months of his/her selection. In any way, let submission of Registration Certificate will not be entertained.

2. **Age:** Entry age of candidates for Part-time Contractual Homeopathic Medical Officer in Gram Panchayat dispensaries shall be not more than 50 years as on 01/01/2025. It is relaxable for 5 (five) years for SC/ST candidate, and 3 years for OBC Candidates. Exit age shall be 65 years.
3. **Language Known:** Candidate must have knowledge in Bengali both in speaking and writing.
4. Candidate must be a citizen of India.
5. **Honorarium :** As decided by the Govt. of West Bengal ( At present, consolidated honorarium Rs. 16,000/- per month)


  
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**6. Documents to be submitted:**

- a) Admit Card / Certificate of Secondary Examination or equivalent or Birth Certificates issued by the proper Government Authority as age proof document.
- b) Mark sheet as in certificates for professional qualification.
- c) Any three of the EPIC, AADHAR, PAN, Ration Card, Passport, Bank Pass book, Certificate of address having photo issued by 'Member of Parliament' or Member of Legislative Assembly' or Group 'A' Gazetted Officer on proper letter head, Household Utility bill (Gas, Electric, Water, fixed Land Line) showing name and current address (not more than three months old), Property / Wealth Tax assessment certificate with same details as address proof cum identity proof.
- d) Self declaration of same present and permanent address (If any)
- e) Medical Registration Certificate.
- f) Caste Certificate where applicable

**General Instruction for candidates**

7. I) Prescribed application format as enclosed herewith , duly filled up by the candidate, should be submitted to the Block Development Officer of Matigara Development Block, in hardcopy only along with all relevant testimonials **on or before 01/09/2025** (Except Govt. holidays)
- II) One recent passport size signed photograph will be fixed on the application.
- III) Attested copy of Mark Sheet and other certificates along with age proof and permanent residential proof will have to be enclosed with the application.
- IV) Details of viva-voice will be communicated to the candidates by the concerned Block Development Officer by registered post. The liability of any loss of transmission by post will not be vested on the BDO concerned. No travelling allowance will be admissible.
- V) The Selection and engagement will be made as per guide lines mentioned in the memo no. 258(21)/PRD-14098/1/2020-SPHC-SEC-Dept. of PRD Dated 17.12.2021 and clarification, corrigendum issued time to time by the State Public Health Cell, Panchayat & Rural Development Department.

  
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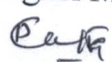


Memo No. 1331/1(18) / DPHC/SMP

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**Copy forwarded for information to:**

1. The Sabhadhipati, Siliguri Mahakuma Parishad
2. The District Magistrate, Darjeeling & Executive Officer, Siliguri Mahakuma Parishad
3. The Chief Medical Officer of Health, Darjeeling
4. The Additional Executive Officer, Siliguri Mahakuma Parishad
5. The Additional District Magistrate (Health), Darjeeling
6. The Sahakari Sabhadhipati, Siliguri Mahakuma Parishad
7. The Karmadhakshya, Purto Karya Paribahan, Janoswasthya-O-Paribesh Sthayee Samiti, Siliguri Mahakuma Parishad.
8. The Sub-Divisional Officer, Siliguri Sub-Division
9. The A.C.M.O.H, Siliguri Sub-Division
10. The All Members, Siliguri Mahakuma Parishad
11. The Nodal Medical Officer, Siliguri Mahakuma Parishad
12. The Sabhapati, Matigara Panchayat Samiti
13. The Block Development Officer, Matigara Development Block
14. The B.M.O.H, Matigara Block
15. The Karmadhakshya, Janoswasthya-O-Paribesh Sthayee Samiti, Matigara Panchayat Samiti.
16. The Pradhan, Atharkhai Gram Panchayat
17. The DIA Siliguri Mahakuma Parishad with request to upload in the web portal of Siliguri Mahakuma Parishad.
18. Office Notice Board.

  
Secretary  
Siliguri Mahakuma Parishad  


## Application Format

Annexure-I

To  
The Block Development Officer  
..... Block,  
..... District

Self attested  
photograph

Sir/Madam,

Understanding from the advertisement published in the ..... Patrika  
Dated, ..... and from the Notification No. ...., I  
offer myself as a candidate for engagement as part time .....  
(Homoeopathic/Ayurvedic) Medical Officer (under State Budget) of ..... Gram  
Panchayat under ..... Block of ..... District. My  
particulars are given below:

- I. Name of the candidate
- II. Name of father/husband
- III. Address mentioning of Block, Sub Division,  
District, Pin code and Telephone no.
- IV. Whether a permanent resident of  
the Gram Panchayat for which applied for?(Yes/No) :
- V. Date of birth
- VI. Category (General/SC/ST/OBC)
- VII. Nationality
- VIII. Sex
- IX. Qualification in following Proforma

Name of Exam	Year of Passing	% of marks obtained	Division/Class/Grade	Remarks if any
Higher Secondary				
BHMS/BAMS				
MD(if any)				

- X. Work experience
- XI. Whether attached with any Govt. service(Yes/No) :

Declaration: I do hereby certify that the details stated above are true and that in case any information proves to be false, my candidature will be liable to be cancelled.

Enclosed: Required papers to be submitted as per notification.

Date:

Place:

.....  
signature of the candidate