STD Code: 03244
Office: 252073 / 252591
Tourist Complex: 252200
bishnupurmunicipality@rediffmail.com

## OFFICE OF THE COUNCILLORS OF BISHNUPUR MUNICIPALITY

Memo No. 4520/X1-8

Dated, Bishnupur, the ... 09/01/..2025

## **Detailed advertisement for HHWs Selection**

Application are invited from the eligible women candidates (married / divorced / widow) who must be a resident of this municipality to fill up the vacancies of the post of Honorary Health Workers (HHWs) as per terms and conditions stated below:-

- 1. Name of the post: Honorary Health Worker (HHW)
- 2. No. of Vacancy: 02.
- **3.** Age: 30-40 years as on 1<sup>st</sup> day of the calendar year i.e. as on 01.01.2025. In case of SC / ST / OBC (A / B) candidates, the lower age limit may be relaxed to 22 years. As such candidates belonging to SC/ST/OBC (A/B) may apply whose age is between 22-40 years.
- **4.** Educational qualification: Minimum Madhyamik pass or equivalent examination. Candidates having higher qualification are also eligible. However, in case of candidates possessing higher qualification, only marks obtained in Madhyamik or equivalent examination will be considered. For calculation of the marks obtained in the Secondary Examination (Madhyamik or equivalent), the aggregate is to be considered (excluding the marks obtained in the additional paper).
- 5. Candidates having motivation / experience rendering social service (Optional).
- 6. Terms & Condition:
- o Monthly honorarium of the HHW will be Rs, 5,250/- (Rupees Five Thousand Two Hundred Fifty only) per month.
- The HHW shall be engaged on contract initially for a period of 1 (one) year on probation from the date of joining of each HHW and shall be extended further on the basis of satisfactory performance and on obtaining approval for extension from the UD & MA Department.
- The candidates will have to apply in the prescribed Application Format. Application Format is to be downloaded from the Website of https://bishnupurmunicipality.com
- Candidate should enclose self attested copy of Proof of Age (Madhyamik Admit card), proof of residence (Aadhaar Card / Voter ID / Ration Card), Mark sheet of Madhyamik or equivalent examination as applicable, proof of SC / ST / OBC-A / OBC-B in case of SC / ST / OBC-A / OBC-B candidates, as per certificate issued by the Sub Divisional Officer / DWO, Kolkata.
- Candidate also enclose self attested copy of Marriage Certificate / Voter Card / Ration Card / Aadhaar Card
  mentioning the husband name for married candidates, Death Certificate of husband for widows and Order of
  Hon'ble Court order for divorce, if any for divorcees.
- All applications must be addressed to the Chairman, Bishaupur Municipality and also are to be submitted physically at the Municipal Office within working days at the designated drop box.
- The last date for submission of application is (31/01/2025) within 5.00 PM. After that no application will be received
  or entertained.

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#### 7. The selection would be based on -

- Eligible candidates to be called for interview in the ratio of 1:10 for every vacancy of HHW
  based on the marks obtained in the Madhyamik or equivalent examination.
- o Marks obtained by the candidate in the Madhyamik or equivalent examination (90% weightage).
- o Score in the interview (10% weightage)
- o Final merit list should be prepared based on marks obtained by the candidate in the Madhyamik or equivalent examination and score secured in the interview taken together.

#### 8. No TA/DA will be allowed to attend the interview.

Chairman
Bishnupur Municipality

Memo No. 4520/1(10)/XI-8

Date: 09.01.2025

Copy forwarded for kind information and wide circulation to

- 1. The Mission Director, NHM & Secretary Health & Family Welfare Department, Govt. of West Bengal.
- 2. The District Magistrate, Bankura
- 3. The Director, SUDA
- 4. The CMOH, Bishnupur Health District
- 5. The Sub-Divisional Officer, Bishnupur
- 6. The DIO(NIC), Bankura
- 7. The Executive Officer, Bishnupur Municipality
- 8. The Finance Officer, Bishnupur Municipality
- 9. The Health Officer, Bishnupur Municipality
- 10. Notice Board.

Chairman

**Bishnupur Municipality** 

### **Application Form** 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 PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except photograph Colour **Signature in CAPITAL LETTER)** should not be more than 3 months old. Advertisement No. 4520/XI-8 Dated: 09/01/2025 Please put your signature Application for the post of Honorary Health Worker (HHW) Bishnupur across the photograph. **Municipality** 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) Marital Status (Tick in appropriate box): Married Divorced Widow 6) Nationality: 7) Address: 7.1. PERMANENT ADDRESS (In Capital Letter):

Ward No:

**P.O**:

Town / City:

**District:** 

Pin code:

State:

Municipality:

.2. ADDRESS FUR CUKKESPU	NDENCE (In Capital L	etter) :		
P.O:				
Town / City:				
Municipality:	Ward N	No:		
District:				
State:				
Pin Code:				
S) Contact Details :  . Mobile Number:  i. Residence :				
) Academic Qualification (Madhy	yamik or equivalent an	d onwards):		
Sl. School/ Board/ University/ Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained
				· · · · · · · · · · · · · · · · · · ·

12)	Language	Known:	(PLEASE	TICK √	)
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Sl. No.	Language	WRITING	READING	SPEAKING

### 13) Check List of documents: (PLEASE TICK $\sqrt{}$ IN THE BOX )

Sl. No.	Documents	Y/N	No. of documents enclosed (Photocopies)
1.	Proof of age (Madhyamik Admit card)		
2.	Proof of Academic Qualification		
3.	Proof of residence (Aadhaar Card/Voter Card/Ration Card)		
4.	Caste Certificate		
5.	Others  i) For married candidate – Marriage Certificate / Voter Card / Ration Card / Aadhaar Card mentioning the husband name  ii) For widow candidate – Death Certificate of husband  iii) For divorced candidate – Court order for divorced, 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 documents in original 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 engagement likely to be terminated.

engagement interf to be terminated.	
Date:	
Place:	Full Signature of the Candidate