



RAJPUR - SONARPUR MUNICIPALITY

P.O. HARINAVI, SOUTH 24 PARGANAS

Ref No:- 1031/R.S.M./2022



Date: 19.10.2022

Detailed Advertisement

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. Number of vacancy: 54
3. Age: 30 - 40 years as on 01.01.2021. In case of SC / ST / OBC (A/B) candidates the lower age limit maybe 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. Candidate having higher qualification are also eligible. However, in case of candidates processing 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.
6. Terms and condition
 - o Monthly honorarium of the the HHW will be Rs. 4500/- (Rupees Four Thousand Five Hundred) per month.
 - o 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 father on the basis of satisfactory performance and on obtaining approval for extension from the UD&MA Department.
 - o The candidates will have to apply in the prescribed Application Format. Application Format is to be downloaded from the website of **Rajpur - Sonarpur municipality** (www.rajpursonarpurmunicipality.in).
 - o Candidate should enclose self attested copy of Proof of Age (Madhyamik Admit Card), Proof of Residence (Aadhar 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.
 - o Candidate also enclose self attested copy of Marriage Certificate / Voter Card / Ration Card / Aadhar Card mentioning the husband name for married candidates, Death Certificates of husband for widows and Order of Honourable Court Order for divorce, if any for divorcees.
 - o All applications must be addressed to the Commissioner of the Municipal Corporation (for Municipal Corporation) or Chairperson/ Chairperson Board of Administrators / Administrator / Executive Officer of the ULB (for other than Municipal Corporation) and also are to be submitted physically at the Municipal Office within working days at the designated drop box at the department of health (2nd floor) of the head office of Rajpur Sonarpur Municipality situated at Harinavi, Kolkata 700148.



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- The last date for submission of application is 28-11-2022 within 5.00 p.m. After that no application will be received or entertained

- 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.
 - Marks obtained by the candidate in the Madhyamik of equivalent examination (90% weightage)
 - Score in interview (10% weightage)
 - Final merit list should be prepared based on marks obtained by the candidate in the month examination and score secured in the interview taken together.

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

Sub - Divisional Officer, Baruipur
& Chairperson, Selection Committee
Rajpur - Sonarpur Municipality

19/10
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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 Colour photograph should not be more than 3 months old.

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except Signature in CAPITAL LETTER)

Advertisement No. _____

Dated _____

Application for the post of Honorary Health Worker (HHW)

Please put your signature across the photograph.

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 01.01.2021 Years Months

5) Marital Status (Tick in appropriate box): Married Divorced Widow

6) Nationality:

7) Address :

7.1. PERMANENT ADDRESS (In Capital Letter) :

P.O :

Town / City :

Municipality : Ward No:

District :

State :

Pin code :

12) Language Known: (PLEASE TICK ✓)

Sl. No.	Language	WRITING	READING	SPEAKING

13) Check List of documents: (PLEASE TICK ✓ 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.

Date:**Place:****Full Signature of the Candidate**