OFFICE OF THE MUNICIPAL COUNCILLORS

Hooghly-Chinsurah Municipality

Detailed Advertisement

Memo No. 4887/HC-HD/HCM

Date - 09/01/24

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 Workers (HHW)
- 2.No. of Vacancy: 08 (eight)
- 3.Age: 30-40 years as on 1^{st} day of the calendar year i.e. as on 01.01.2024. 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 Madhyamikor 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).
- Candidates having motivation / experience rendering social service.
- 6. Terms & Condition:
- o Monthly honorarium of the HHW will be Rs. 4,500/-(Rupees Four thousand Five hundred only) 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 further 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 formatis to be download from the website of **www.hcm.net.in**
- o 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.
- o 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 Hob'ble 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.

- o The last date for submission of application is (30. **D1**.2024) within 5.00 PM. After that no application will be received or entertained.
- 7. The Selection would be based on –
- o 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.

Executive Officer Hooghly Chinsurah Municipality

Hooghly - Chinsurah Municipality

Application No. (For Office Use Only)

Paste (Do not pin or staple here) Paste recent size

passport

colour

photograph of size 3.5 PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except cm X 3.5 cm. the colour Signature in CAPITAL LETTER) photograph should not be more than 3 months Advertisement No. Dated Please put your signature Application for the post of HoNorary Health Workers (HHW) 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) Months Year 4. Age as on 01.01.2024 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: Ward No. Municipality: District State: Pin code:

	NCE (In Capital I	Letter):		
P.O.				
Town/ City:				
Municipality:		Wa	ard No.	
District				
State:				
Pin code :				
8. Contact Details:				
i) Mobile Number :				
ii) Residence :				
iii) E-mail ID :				
9. Academic Qualification (Madhyamil	k or equivalent an	d onwards):		
SI. School/ Board/ University/ No. Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained

11. Extra Curriculum Activates (If any)

	Sl. No.	Language	WRITING	READING	SPEAKING	
-		-				
	heck List	of documents: (PLEASE	TICK √ IN THE BO	OX)		
l. o.		Documents		Y/N	No. of documents (Photocopi	enclos es)
•	Proof of a	ge (Madhyamik Admit card)			
. 8	Proof of A	Academic Qualification				
•	Proof of r	esidence (Aadhaar Card/Vo	ter Card/Ration Card)		
•	Caste Cer	tificate				
	ii) F	or married candidate – Marriard / Ration Card / Aadhaar usband name or widow candidate – Death or divorced candidate – Conny	nd			
h dv ier vhe f a ny	ertisementioned in enever re- ny information	clare that I have care at. These conditions are a the Application are tr quired. nation/ details found to and to have been conc likely to be terminated.	acceptable to me ue and I shall fur he incorrect / false	and I fulfill the nish the necess at any stage o	sary documents in	origin
at	e:					
Pla	ce:]	Full Signature of the	Candi