

# **RISHRA MUNICIPALITY**

49/56/57 RABINDRA SARANI, RISHRA HOOGHLY

## **Detailed Advertisement**

Memo No: 2185/VII

Dated: 06.01.2024

Application are invited from the eligible women candidates(married/divorced/widow) who must be resident of this municipality to fill up the vacancies of the post of Honorary Health Workers(HHWs) as per terms and condition stated below , ordered by **Addl. Secretary , UD & MA Dept and Addl. Director, SUDA , Govt. of West Bengal Vide memo no :- SUDA-11017(18)/1/2021/9727(50) Dated : 29-12-2023**

1. Name of the post: Honorary Health Workers(HHW)
2. No. of Vacancies: 10
3. Age 30 to 40 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 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 secondary exam(Madhyamik or equivalent), the aggregate is to be considered(**Excluding the marks obtained in the additional paper**).
5. Candidates should be **married/divorced/widow**. To establish the martial status of the candidate , the applicant must enclose attested copy of Marriage Certificate/Voter Card/ Ration Card/ Aadhar Card mentioning husband name for married candidate, death certificate of husband for widows, and Hon'ble Court for divorce if any for divorcees.
6. Candidates having motivation/experience rendering social services.
7. Monthly honorarium of HHW will be Rs. 4,500/(Rupees four thousand five hundred) per month
8. The HHW shall be engaged on contract initially for a period of 1(one) year 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 UD & MA Dept.
9. The candidates will have to apply in prescribed Application Format. Application format is to be downloaded from the website [www.rishramunicipality.org](http://www.rishramunicipality.org)
10. Candidates should enclose self attested copy of Proof of Age(Madhyamik Admit Card). Proof of residence( Aadhar Card/Voter card/Ration card), Marks sheet of Madhyamik proof or equivalent examination as applicable , proof of SC/ST/OBC(A/B) in case of SC/ST/OBC(A/B) candidates, as per certificate issued by the Sub Divisional Officer/DWO, Kolkata.

11. All applications must be addressed to the Chairman, Rishra Municipality and also are to be submitted physically at the Municipality at the Municipal Office within working days at the designated drop box.
12. The last date for submission of application 30.01.2024
13. 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 Madhyamik or equivalent examination.
  - Marks obtained by the candidate in madhyamik or equivalent exam(90% weightage)
  - Score in interview( 10% weightage)
  - 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.
14. **No TA/DA will be allowed to attend the interview.**
15. **Incomplete application form will be treated as cancelled.**

  
Chairman  
Rishra Municipality

**APPLICATION FORMAT**  
(The application should be filled up in CAPITAL Letters only)

To  
The Chairman  
Rishra Municipality  
Rishra , Hooghly

Paste one self  
attested  
passport size  
photo

APPLICATION FOR THE POST OF Honorary Health Workers (CONTRACTUAL)

Sir,

In response to your advertisement notice no. 2185/VII dated 06.01.2024 for the post of HHW (Contractual), Details of my Bio-Data are given below:

1. Name.....
2. Father's /Husband Name.....
3. Date of Birth(DD/MM/YYYY) ...../...../.....
4. Age As on 01.01.2024 .....Years.....Months
5. Marital Status(tick in appropriate box) Married  Divorced  widow
6. Category: UR  SC  ST  OBC-A  OBC-B
7. Address for correspondence: .....
- .....
- .....PIN.....
- Ward No..... Municipality.....

8. Permanent Address: .....

.....

.....PIN.....

Ward No..... Municipality.....

9. Mobile No.....

10. Email.....

11. Educational qualification

| Sl. No | Qualification        | Year of passing | Board/ University | Total Marks<br>(Excluding additional) | Marks Obtained<br>(Excluding additional) | Percentage |
|--------|----------------------|-----------------|-------------------|---------------------------------------|--|------------|
| 1.     | Secondary/Equivalent |                 |                   |                                       |  |            |
| 2.     |                      |                 |                   |                                       |  |            |
| 3.     |                      |                 |                   |                                       |  |            |

12. Language Known

| Language | Read | Write | Speak |
|----------|------|-------|-------|
|          |      |       |       |
|          |      |       |       |
|          |      |       |       |

13. Checklist of Documents.-

| Sl No | Documents  | Y/N | No. of documents enclosed |
|-------|--|-----|---------------------------|
| 1     | Proof of age(Madhyamik Admit Card)   |     |                           |
| 2     | Proof of Academic qualification  |     |                           |
| 3.    | Proof of residence(Aadhar Card/voter Card/Ration card)   |     |                           |
| 4.    | Caste Certificate  |     |                           |
| 5.    | Others<br>i) For Married candidate- Marriage certificate/ Voter Card/Ration Card/ Aadhar card mentioning the husband name)<br>ii) For Widow candidate- Death certificate of husband<br>iii) For divorce candidate – court order for divorced |     |                           |

**Declaration:** I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement . These condition are acceptable to me and I fulfill these conditions. I do hereby declare that particulars furnished above all correct.

Date:.....

Place:.....

.....

(Full signature of the candidate)