

SURI MUNICIPALITY: BIRBHUM  
P.O. – SURI, DIST- BIRBHUM, PIN-731101  
NOTIFICATION NO.- 01/2024

Memo No. 2206 /SM

Date: 08.01.2024

Applications are invited from eligible candidates for the post of HHW under Suri Municipality on and from 11.01.2024. Last date of submitting the application physically is 01.02.2024. Hard Copy of the application should be dropped in a DROP BOX which will be kept near Head-clerk of this office.

**Eligibility:**

1. The Candidate must be resident from the same ULB.
2. Must be female in the age group of 30-40 years as on 01.01.2024.
3. Should be married/ divorced/ widow.
4. 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. Weightage given 90% of the marks obtained in Secondary Education and 10 % on interview.

**Documents to be submitted / shown mandatorily by the applicant:**

6. Proof of residence (Aadhaar Card / Voter ID/ Ration Card).
7. Original Mark sheet of Madhyamik or equivalent examination as applicable. ( Photocopy to be attached with the application, Original mark sheet will be seen during interview)
8. Proof of Age as per Admit card of Secondary Education.

**Application form is attached herewith. Candidate should download this application form from Website of Suri Municipality or from website of DM, Birbhumi fill up it and submit the application form physically along with photocopy of relevant documents in a sealed envelope in the drop box at the premises of Suri Municipality.**

Encl: Form of application.

  
Chairman  
Suri Municipality  
**Chairman**  
**Suri Municipality**  
**SURI :: BIRBHUM**



Application Form

Application No.  
(For Office Use Only)

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

Advertisement No. 01/2024

Date 08.01.2024

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 put your signature  
across the photograph

Application for the post of Honorary Health Worker (HHW)

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 01.01.2023  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