



GOVERNMENT OF WEST BENGAL
Office of the English Bazar Municipality
PO- Malda, PS- English Bazar, District- Malda (W.B.), PIN- 732101
Tele & FAX No: 03512-252324 E-mail id: englishbazarmunicipality@gmail.com

NOTIFICATION

No.: 1417-XII/1

Date: 22/09/2021

Selection for the post of Honorary Health Worker (HHW) for different Wards comprised at English Bazar Municipality under Sadar Sub Division, Malda will be held as per vacancy mentioned below: -

Name of the Municipality	Total number of vacancy
English Bazar	38

Applications are invited from the eligible married, divorced or widowed women candidates for Honorary Health Worker (HHW).

A. **Period of receiving application:** On all working days from 22/09/2021 to 26/10/2021 up to 5 pm (from 11 am to 4 pm).

B. **Selection Criteria:**

Memo. No. SUDA-11017(18)/1/2021/3783 (76) Dated 16.09.2021 of the Director, State Urban Development Authority (SUDA).

C. **Eligibility for being an Honorary Health Worker (HHW):**

1. Should be married (Marriage Certificate/ EPIC/ Aadhaar/ Ration Card mentioning husband's name to be submitted along with the application duly self-attested), divorced (An Order of Hon'ble Court for divorce) or widowed women (Death Certificate of husband for widows).
2. Should be a resident of the ULB for which she will be selected.
3. Age of the applicant between 30 to 40 year and cut off date as on 01.01.2021.
4. Should be Madhyamik pass or equivalent.
5. Mark Sheet, Admit Card of Madhyamik or equivalent examination. Caste Certificate if any, residential certificate from Chairperson of Board of Administrator and Aadhaar Card/ Voter Card/ Ration Card.

D. **Mode of Application:**

1. Candidates should submit application in the format annexed as Annexure "A" to this notification on all working days (11:00 am to 4:00 pm) from 22/09/2021 to 26/09/2021 up to 5 pm at the office of English Bazar Municipality in drop box. By post application will be rejected.

2. Application Form can be downloaded from the website: www.malda.nic.in
3. One candidate is allowed to submit only one application. More than one application, if submitted by the same candidate, remaining application(s) will not be entertained. 100 points roster is not applicable for this selection procedure.

E. **Documents to be submitted along with the application (Photo copy with self-attestation):**


1. Proof of residence as per para C 5.
2. Mark sheet of Madhyamik or equivalent examination as applicable.
- ❖ Selection is based on marks obtained by the candidates in the Madhyamik/ equivalent examination, excluding marks obtained in the additional paper (90% weightage)
- ❖ Score in the interview (10% weightage).

F. **Whom to Apply:**

1. The applicant may submit their application at Office of the English Bazar Municipality on or before the closing date & time. No application by post will be entertained.

G. **General Conditions:**

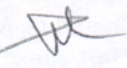
1. Candidates, before applying, should carefully read the instructions and ensure fulfillment of the eligible criteria at the time of submission of application.
2. Submission of application does not guarantee an appointment.
3. Candidates shall be disqualified at any time and at any stage during the selection process, in case of any misrepresentation of facts and documents. Appropriate legal action will be taken against such candidate.
4. Selection Committee of ULB, Malda reserves the right to alter the modes of examinations or conduct, re-interview or cancel part or whole of any process of recruitment at any stage, if required.


Convener, HHW Selection Committee & Municipality
Executive Officer, English Bazar Municipality, Malda
Date: 22/09/2021

Memo. No.: 1417(7) -XII/1

Copy forwarded for information to:

1. Director, State Urban Development Agency, Ilgus Bhavan, HC Block. Sector-III, Bidhannagar, Kol- 106.
2. Chief Medical Officer of Health, Malda.
3. Assistant Chief Medical Officer of Health, Malda.
4. Executive Officer, English Bazar Municipality, Malda.
5. Finance Officer, English Bazar Municipality, Malda.
6. Health Officer, English Bazar Municipality, Malda.
7. District Informatics Officer, National Informatics Centre, Malda with a request to upload this notification in the district web site immediately.
8. CA to District Magistrate, Malda.


Convener, HHW Selection Committee &
Executive Officer, English Bazar Municipality, Malda

Executive Officer
English Bazar Municipality
MALDA

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 :

7.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :

P.O:

Town / City:

Municipality : **Ward No:**

District:

State:

Pin Code:

8) Contact Details :

i. Mobile Number:

ii. Residence :

iii. E- mail id :

9) Academic Qualification (Madhyamik or equivalent and onwards):

Sl. No.	School/ Board/ University/ Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained

10) Additional Qualification (If any) :

11) Extra Curriculum Activities (If any):

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