

OFFICE OF THE COUNCILLORS, BARUIPUR MUNICIPALITY

Baruipur, South 24 Parganas, Kolkata – 700144

Ph: 033 2433-8201, Website: www.baruipurmunicipality.org.in

No. 1719/Health/Recruitment (HHW)/2022-23

Date: 29.08.2022

NOTICE FOR RECRUITMENT

It is hereby notified for information of all concerned that hand written application are invited from the willing female candidates only for engagement to the following contractual post:

A) Honorary Health Worker (HHW) under Health Department of this Municipality.

Eligible criteria & other conditions are as follows:

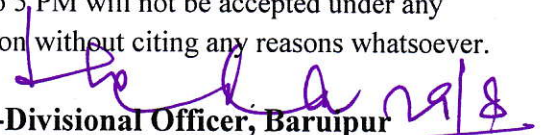
**** The applying candidates must be a resident of Baruipur Municipality**

| SL No. | Name of the Post & Remuneration | No. of Post | Age | Educational Qualification | Documents Required |
|--------|---|-------------|---|---|---|
| 1 | Honorary Health Worker (HHW) Rs. 4500/- Per Month Consolidated Honorarium | 1 (UR) | Age between 30-40 years as on 1 st January 2022 SC/ST/OBC (A/B) relaxations per Govt. rules | Madhyamik or equivalent examination as applicable | Mark sheet of educational qualification, Proof of residence (Aadhaar card/Voter ID card/Ration Card), Proof of SC/ST/OBC(A/B) if applicable |

Job Details: The above noted posts will be located at Primary Health Center and within the Jurisdiction of Baruipur Municipality. The selected HHW will be responsible for different health programs for the benefit of the Slum/Vulnerable population & Patients. The posts are purely contractual in nature with initial appointment for 1(one) year on probation from the date of joining and shall be extended further on the basis of satisfactory performance and on obtaining approval for extension of the Health Programmes i.e. UPHCS Scheme from the UD & MA Department.

Application Format is to be downloaded from the Website of Baruipur Municipality: baruipurmunicipality.org.in and SUDA Website: <https://sudawb.org>. (2nd call of Notice No. 1005/Health/Recruitment (HHW)/2022-23 dated: 19.07.2022)

The application enclosing the bio data duly signed, with two recent passport size photographs and self attested copies of supporting documents/certificates(i.e. Age Proof, Proof of Residence, qualification certificate, Caste Certificate) should be submitted in sealed envelope superscribing “Application for the post of HHW” to be addressed to **The Sub-Divisional Officer, Baruipur, Kolkata – 700144**. The application should be dropped at the **Drop Box to be kept at Baruipur Municipality, Kulpi Road, Baruipur, Kolkata-700 144** by the **20th September 2022 up to 5 PM**. Incomplete /unsigned application or application received after **20th September 2022 up to 5 PM** will not be accepted under any circumstances. The undersigned reserves the right to cancel any application without citing any reasons whatsoever.


Sub-Divisional Officer, Baruipur
& Chairperson, Selection Committee

Date: 29.08.2022

No. 1719 / (11)/Health/Recruitment (HHW)/2022-23

Copy forwarded for information & taking necessary action to:

1. The District Magistrate, South 24 Pgs
2. The Director, SUDA, ILGUS Bhaban, Salt lake
3. The Sub-Divisional Officer, Baruipur Sub-Division
4. The A.C.M.O.H., Baruipur Sub-Division
5. Hon'ble Vice-Chairman, Baruipur Municipality.
6. The Executive Officer, Baruipur Municipality
7. The Finance Officer, Baruipur Municipality
8. The Head Clerk, Baruipur Municipality
9. The Nodal Officer, Health, Baruipur Municipality
10. The I.T. Co-ordinator, Baruipur Municipality
- With a request to publish this notice in the website of this Municipality.
11. Office Notice Board, B.M


Sub-Divisional Officer, Baruipur
& Chairperson, Selection Committee

APPLICATION FORM

To
The Sub-Divisional Officer,
Baruipur Sub-Division,
P.O. & P.S. – Baruipur
Dist. – South 24 Parganas
Kolkata - 700144

Affix Self
attested
recent
color
passport

Application for the post of “Honorary Health Worker”

1) Full Name (In Capital Letters) :

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2) Father's / Husband's Name (In Capital Letters) :

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3) Date of Birth (DD/MM/YYYY):.....

4) Nationality: Age (As on 1st January 2022):

5) Present Address for communication (in Capital Letters)

Road/Lane, Post Office

Ward No....., Police Station....., District.....

STATE, PIN CODE.....

6) Permanent Address (in Capital Letters)

Road/Lane, Post Office

Ward No....., Police Station....., District.....

STATE, PIN CODE.....

7) Contact No. :

8) VALID E-mail ID:.....

9) Academic Qualifications :

| SL No. | Examination Passed | Board /Council/University | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|--------------------|---------------------------|-----------------|-------------|----------------|------------|
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10) Additional Qualification (if any) :

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11) Working Experience (if any) :

| Sl No | Name of the Organization | Name of the post | Date of Joining | Date of Leaving | Total Working Period (in years) |
|-------|--------------------------|------------------|-----------------|-----------------|---------------------------------|
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I do hereby declare that all the information stated in this application form are true. In case any of my information furnished and document attached hereto is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

Date :

Place :



Full Signature of the Applicant