### OFFICE OF THE COUNCILLORS

# BARUIPUR MUNICIPALITY

Baruipur, South 24 Parganas, Kolkata – 700144 Ph: 033 2433-8201, Website: <a href="https://www.baruipurmunicipality.org.in">www.baruipurmunicipality.org.in</a>

Memo No. 1552/BM/Health/Recruitment (HHW)/2024-25

Date: 19.02.2025

#### NOTICE FOR RECRUITMENT

It is hereby notified for information of all concerned that application(prescribed format available in our Website) 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<br>No. | Name of the Post & Remuneration  | No. of<br>Post | Age  | Educational<br>Qualification  | Documents Required   |
|-----------|--|----------------|--|---|--|
| 1         | Honorary Health Worker<br>(HHW)<br>Rs. 5250/- Per Month<br>Consolidated Honorarium | 1<br>(UR)      | Age between 30-40 years as on 1st January 2025 SC/ST/OBC (A/B) candidates, the lower age limit may be relaxed to 22 years. | Minimum<br>Madhyamik<br>Pass or<br>equivalent<br>examination as<br>applicable | Mark sheet (s) of educational<br>qualification, Proof of residence<br>(Aadhaar card/Voter ID<br>card/Ration Card), Residential<br>Certificate, Proof of<br>SC/ST/OBC(A/B), if applicable |

Job Details: The above noted posts will be located at Primary Health Center(s) 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 Programme from the UD & MA Department.

Application Format is to be downloaded from the Website of Baruipur Municipality: baruipurmunicipality.org.in. 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, Residential Certificate, qualification certificate, Caste Certificate) should be submitted in sealed envelope superscripting "Application for the post of HHW" to be addressed to The Sub-Divisional Officer, Baruipur, Kolkata – 700144. The application should be dropped physically at the Drop Box to be kept at Baruipur Municipality, Kulpi Road, Baruipur, Kolkata-700 144 by the 13<sup>th</sup> March 2025 up to 4 PM. All Communication with the candidates will be made through e-mail & Speed post. Eligible candidates will be invited for an interview to be conducted by the selection committee. Incomplete / unsigned application will be cancelled and application received after 13<sup>th</sup> March 2025 at 4 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 Sub-Division & Chairperson, Selection Committee

Sub-Divisional Officer Baruipur, South 24 Pgs

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No. 1552/(11)/BM/Health/Recruitment (HHW)/2024-25

Date: 19.02.2025

#### Copy forwarded for information & taking necessary action to:

- 1. The Director, SUDA, ILGUS Bhaban, Salt lake
- 2. The Sub-Divisional Officer, Baruipur Sub-Division
- 3. The C.M.O.H., South 24 Parganas
- 4. The A.C.M.O.H., Baruipur Sub-Division
- 5. The Chairman, Baruipur Municipality,
- 6. The Vice-Chairman, Baruipur Municipality.
- 7. The Executive Officer, Baruipur Municipality
- 8. The Head Clerk, Baruipur Municipality
- 9. The Nodal Officer, Health Dept., 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.

Finance Officer, Baruipur Municipality

& Member Convenor, 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):                        |
|----|--|
| 2) | Father's / Husband's Name (In Capital Letters):        |
|    |  |
| 3) | Date of Birth (DD/MM/YYYY):                            |
| 4) | Nationality:   |
| 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  |

| <ol><li>Academic Qualifi</li></ol> | cations |
|------------------------------------|---------|
|------------------------------------|---------|

| SL<br>No. | Examination<br>Passed | Board /Council/University | Year of<br>Passing | Total<br>Marks | Marks<br>Obtained | Percentage |
|-----------|-----------------------|---------------------------|--------------------|----------------|-------------------|------------|
|           |                       |                           |                    |                |                   |            |
|           |                       |                           |                    |                |                   |            |
|           |                       |                           |                    |                |                   |            |
|           |                       |                           |                    |                |                   | e.         |
|           |                       |                           |                    |                | ž                 |            |

| SI Name of the Organization Name of the post |    | Vorking Experience (if any) : |                  |                  | <br>                                  |
|---|----|-------------------------------|------------------|------------------|---------------------------------------|
|   | SI |                               | Name of the post | Pre-service Park | Total<br>Workin<br>Period (<br>years) |

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.

|        | X+ |
|--------|----|
| Date:  |    |
| Place: |    |
|        |    |

Full Signature of the Applicant