

# Office of the Burdwan Municipality

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Date: - 05.01.2024

Memo No: - 19/G/XII-9

## Notification

Applications are invited for filling up the post of Honorary Health Worker (HHW) under Burdwan Municipality. The engagement will be made on contract initially for 1 year.

**Vacancy:** 36 (Thirty Six) posts. As this is an honorary engagement, not regular contractual engagement, it will be treated as unreserved.

### **Qualification:**

- Candidates must be a resident of Burdwan Municipality
- Must be female in the age group of 30-40 years as on 1st January 2023. In case of SC/ST/OBC (A/B) candidates the lower age is relaxed to 22 years.
- Should be married/divorced/widow. The candidate must enclose attested copy of Marriage Certificate/Voter Card/Ration Card/Adhar Card mentioning husband name for married candidates, death certificate of husband for widows and order of Hon'ble Court for divorce if any for divorcee.
- Minimum Madhyamik pass or equivalent examination having motivation/experience or rendering social service (optional). 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).

**Pay Scale:** The contractual remuneration of this post will be Rs. 4,500.00 per month.

### **How to apply: -**

- All applications in enclosed format are to be submitted physically at the Burdwan Municipality office at the designated drop box. No application will be entertained if received beyond the last date of application.
- The Municipal Authority reserves the right to cancel any application for incomplete information or non-fulfillment of eligibility criteria without any intimation to the candidate concerned.
- If at any stage of the recruitment process it is found that any of the candidates did not meet up any of the conditions applicable for the respective post or there is discrepancy in the eligibility criteria of the candidate, her candidature will be cancelled showing reason thereof.

**Last Date Submission of Application: - 30<sup>th</sup> January 2024 (up to 5 p.m.).**

**Note:** - The Municipal Selection Committee reserves the right to rectify errors and omissions, if any, in the process of selection and final declaration of result.

For details please visit our website: [www.burdwanmunicipality.gov.in](http://www.burdwanmunicipality.gov.in)

  
Chairperson, Selection Committee

&  
SDO Sadar (North), Purba Bardhaman

  
Date: - 05.01.2024

Memo No: - 19/G/1(9)/XII-9

### **Copy forwarded for information and necessary action to: -**

- Director, SUDA, Government of West Bengal, Ilgus Bhaban, HC Block, Sector-III, Salt Lake, Kolkata – 700 106.
- Sabhadhipati, Purba Bardhaman Zilla Parishad, Burdwan with a request for wide circulation
- District Magistrate, Purba Bardhaman, with a request for wide circulation
- CMOH, Purba Bardhaman, with a request for wide circulation

5. DIO, NIC, Purba Bardhaman, with a request for wide circulation
6. Executive Officer, Burdwan Municipality
7. Finance Officer, Burdwan Municipality
8. ACMOH, Bardhaman Sadar, Purba Bardhaman
9. IT Corodinator, Burdwan Municipality to upload in the website.

  
5/1/24  
**Chairperson, Selection Committee**  
&  
**SDO Sadar (North), Purba Bardhaman**

  
5/1/24

**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 put your signature across the photograph.

**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)**

**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