OFFICE OF THE

BALURGHAT MUNICIPALITY



SOVA MAJUMDER SARANI BALURGHAT: DAKSHIN DINAJPUR

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Memo No. 4342/6-8

Detailed advertisement

Date 18:02:2025

Application are invited from the eligible women candidates (married / divorced / wildow) under Balurghat Municipality to fill up the 54 (Fifty Four) vacancies of the post of Honorary Health Workers (HHWs) as per followings qualifications and terms and conditions:-

- The Candidate must be resident of the Balurghat municipality.
- 2 Must be female in the age group of 30-40 years as on 01.01.2025. In case of SC/ST/OBC (A/B) candidates, the lower age limit will be relaxed to 22 years.
- 3 Should be married / divorced / widow. To establish the marital status of the candidate, the applicant must enclose attested copy of Marriage Certificate /Voter Card/Ration Card/Aadhhar Card mentioning husband name for married candidate, death Certificate of husband for widows and Order of Hon'ble Court for divorce, if any for divorcees.
- 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. Having motivation/experience of rendering social service (optional).
- The application is to be submitted physically at the Balurghat Municipal Office at the designated drop box. The applications can be submitted from 11.30 AM upto 4.30PM. The last date for submission of application is 17.03.2025.
- 7. The eligible candidates will be called for interview maximum in the ratio of 1:10 for every vacancy.
- Since it is an honorary engagement, not a regular or contractual engagement, to fill up the vacancy of the HHWs, 100 point Roster will not be applicable.
- 9. Following documents must be submitted/ mandatorily by the applicant with the application form.
- i) Self attested Proof of residence (Aadhaar Card/Voter ID/Ration Card).
- ii) Self attested Original Mark sheet of Madhyamik or equivalent examination as applicable.
- iii) Self attested proof of SC/ST/OBC-A/OBC-B in case of SC/ST/OBC-A/OBC-B candidates, as per certificate issued by the Sub Divisional Officer.
- iv) Self addressed envelop with Postal Stamp of Rs.25/- (Rupees Twenty Five) only.
- 10. The selection will be based on-
 - Marks obtained by the candidate in the Madhyamik or equivalent examination (90% weightage).
 - Score in the interview (10% weightage)
 - Final merit list should be prepared based on marks obtained by the candidate in the Madhyamik or equivalent examination and score secured in the interview taken together.
- 11. The selected candidates shall be engaged to the post of HHW on monthly honorarium of Rs.5,250 (Rupees Five thousand Two hundred Fifty only) per month per HHW when the funds for the Same Sanctioned by the concerned authority.
- 12. The engagement shall be made purely on contract initially for a period of 1 (one) year from the date of joining of each HHW and shall be extended further on the basis of satisfactory performance and on obtaining approval for extension from the UD & MA Department

- 13. Application should be made as per format prescribed for the same.
- 14. Applicants Should write on the Top of the envelop 'Advertisement no. 1/HHW/BM/2025 for the post of Health Honorary Worker in Balurghat municipality' She should also write her postal address on the envelop.
- 15. Name of the selected candidates for interview will be published in the official website of the Balurghat Municipality immediately after scrutiny. If any candidate do not get call letter for interview within 07.04.2025, then they may collect from Balurghat Municipality office from 11.30 AM to 4.00 PM on 08.04.2025 and 09.04.2025. This date may subject to change. The candidates are requested to check website of Balurghat Municipality i.e; www.balurghatmunicipality.org or Notice Board of Balurghat Municipality.
- 16. The applicant must bring the following original document on the date of interview for verification.
 - i) Proof of residence (Aadhar card/ voter card / Ration card).
 - ii) Original Mark sheet of Madhyamik or equivalent examination.
 - iii) Original SC/ST/OBC-A/OBC-B Certificate.
 - iv)Age proof certificate (Admit Card of Madhyamik or equivalent / Birth certificate).
 - v) Marital Status issued by the Govt. Authority i.e; Marriage Certificate / Voter Card / Ration Card.
- 17. Incomplete application in any respect, if detected, will summarily be rejected without assigning any reason thereof.

Challenan Bahyenan Mupinipality



Application Form

Application No. (For Office Use Only)

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

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.

Advertisement No. Dated	3 months old.
Application for the post of Honorary Health Worker (HI	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 01.01.2025 Years	Months
4) Age as on 01.01.2025 Years 5) Marital Status (Tick in appropriate box): Married	Months Divorced Widow
5) Marital Status (Tick in appropriate box): Married	
5) Marital Status (Tick in appropriate box): Married 6) Nationality:	
5) Marital Status (Tick in appropriate box): Married 6) Nationality:	
5) Marital Status (Tick in appropriate box): Married 6) Nationality:	
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5) Marital Status (Tick in appropriate box): Married 6) Nationality:	Divorced Widow
5) Marital Status (Tick in appropriate box): Married 6) Nationality:	Divorced Widow
5) Marital Status (Tick in appropriate box): Married 6) Nationality:	Divorced Widow

P.O:	ONDENCE (In Capital	Letter):		
Town / City:				
Municipality:	Ward	No:		
District:	Walu	No		
State:				
Pin Code:				
The Code.				
B) Contact Details:				
. Mobile Number:				
i. Residence :			7	
ii. E- mail id :				
) Academic Qualification (Madh	yamik or equivalent ar	nd onwards):		
SI. School/ Board/ University/ No. Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained(ex cluding the marks obtained in additional paper)
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Additional Qualification (If an				
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Sl. No.	Language	WRITING	READING	SPEAKING

13) Check List of documents: (PLEASE TICK √ IN THE BOX)

SI. 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 will likely to be terminated.

Place:	Full Signature of the Candidate
Date:	