



OFFICE OF THE BOARD OF COUNCILLORS

KATWA MUNICIPALITY

P.O. KATWA, DIST. PURBA BARDHAMAN, PIN-713130

FAX No. – 03453-258160

Kat : (03453) 255-160 Chamber

Kat : (03453) 255-005 Office

e-Mail – katwa.municipality@gmail.com

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Memo No. 434/KM/NUHM/2024

Dated, Katwa, the 09/01/2024

Details of Notification for Recruitment of 1 (One) Honorary Health Worker (HHW) on Contractual basis within Katwa Municipality.

Application is being invited from married/ divorced/ widow candidates must be resident of the Katwa Municipality for selection of a Honorary Health Worker (HHW) on contractual basis. Application in prescribed format must be submitted in Municipality drop box from 10/01/2024 to 31/01/2024 on all working days from 10:00 am to 5:00 pm.

Applicants are requested to go through the Terms and Conditions stated below:

Terms and Conditions for Honorary Health Worker (HHW):

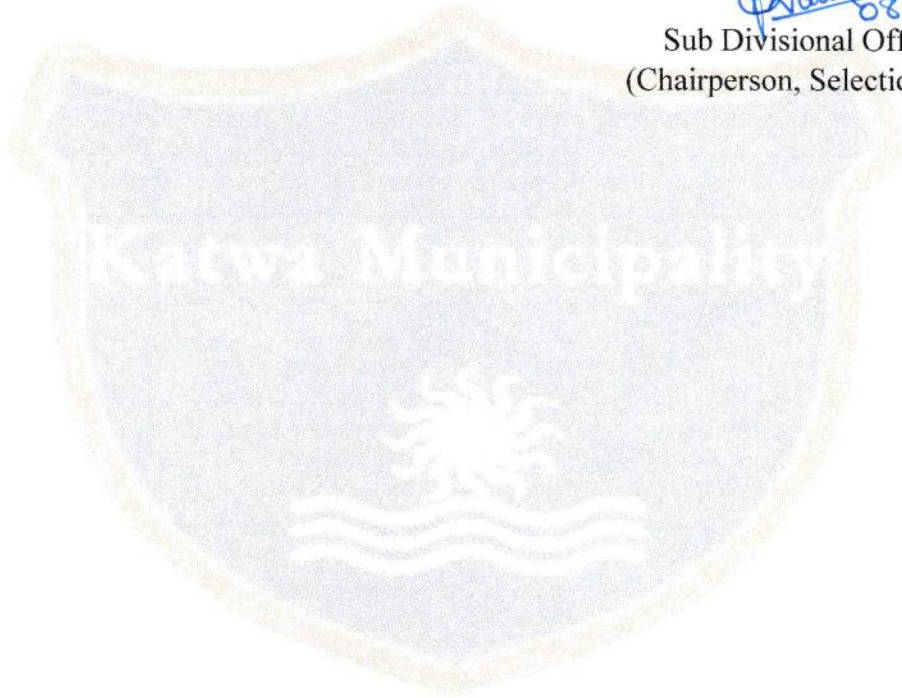
- The Candidate must be resident of the Katwa Municipality.
- Must be female in the age group of 30-40 years as on 1st day of the calendar year i.e. as on 01.01.2024. In case of SC/ST/OBC (A/B) candidates, the lower age limit may be relaxed to 22 years.
- Should be married/ divorced/ widow. To establish the marital status of the candidate, the applicant must enclose attested copy of Marriage Certificate / Voter Card / Ration Card / Aadhaar 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.
- 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).
- Having motivation/experience of rendering social service (optional).
- All applications to be submitted physically at the Municipal Office at the designated drop box.
- The candidates shall be engaged to the post of HHW by the ULB on monthly honorarium of Rs. 4,500/- per month per HHW.

- The engagement shall be made purely of 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.

Self Attested documents to be submitted/shown mandatorily by the applicant:

- Proof of residence (Aadhaar Card/ Voter ID/Ration Card).
- Original Mark sheet of Madhyamik or equivalent examination as applicable.
- The 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/DWO, Kolkata,
- Marriage Certificate / Voter Card /Ration Card / Aadhaar 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.
- All above mentioned original documents to be submitted before the Selection Committee for verification on the date of interview.

P. Lakshmi
08/01/24
Sub Divisional Officer, Katwa
(Chairperson, Selection Committee)



Application Form

Application For engagement of Honorary Health Worker (HHW)
(On Contractual Basis)

To
The Chairperson Selection Committee
Katwa Municipality,
P.O. Katwa, District – Purba Bardhaman.

Colored Passport
Photo with
Signature of the
Applicant to be
affixed.

1. Name of the Post Applied for: Engagement of Honorary Health
Worker (HHW) On Contractual Basis

2. Applicant Name (In Block Letter):

3. D/W of :

4.a. Permanent Address (With Pin Code):

4.b. Communication Address (With Pin Code):

5. Gender:

6. Date of Birth: Age (as on 01.01.2023)

7. Nationality:

8. Caste – SC/ST/OBC-(A/B)/General:

9. Contact Phone No & e-mail Id:

10. Educational Qualification:

| Sl. No. | Name of Exam | Board/University/Council | Year of Passing | Total Marks | Marks Obtained Excluding Additional Subject | Class/Division | Percentage of Marks (Excluding Additional Subject) |
|---------|--------------|--------------------------|-----------------|-------------|---|----------------|--|
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11. Having Motivation/ Experience of Rendering Social Service (Optional):

| Sl. No. | Name of Organization | Position Held | Period of Service fromto.... | Total Period of Service | Nature of Service |
|---------|----------------------|---------------|------------------------------------|-------------------------|-------------------|
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Declaration:

I do hereby declare that the statements made in the application are true the best of my knowledge and belief and if any of the information given there in is not in conformity with this Advertisement my candidature shall liable to be cancelled.

Dated:

Signature of the Applicant

List of Documents are enclosed with application.