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E- Mail: kaliyaganjmunicipality@gmail.com

**OFFICE OF THE BOARD OF COUNCILLORS'  
KALIYAGANJ MUNICIPALITY  
KALIYAGANJ (733129) :::: DIST- UTTAR DINAJPUR**

**Memo No: 484/Health/KM/'25**

**Date: 08/05/2025**

**NOTIFICATION**

Applications are invited from the eligible female candidates (married/divorced/widow) who must be a resident of this municipality to fill up the vacancies of the post of Honorary Health Workers (HHWs) as per terms and conditions stated below:-


1. Name of the post: Honorary Health Worker (HHW)
2. No. of Vacancy: 03
3. Age: 30-40 years as on 1<sup>st</sup> day of the calendar year i.e. as on 01.01.2025. In case of SC/ST/OBC (A/B) candidates, the lower age limit may be relaxed to 22 years. As such candidates belonging to SC/ST OBC (A/B) may apply whose age is between 22-40 years.
4. Educational qualification: 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. Candidates having motivation/experience rendering social service (optional).
6. **Terms & Condition:**
  - Monthly honorarium of HHW will be Rs. 5,250/- (Rupees Five thousand Two hundred Fifty only) 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 for extension from the UD&MA Department.
  - The candidates will have to apply in the prescribed Application Format. Application Format is to be downloaded from the Website of Kaliyaganj Municipality ([www.kaliyaganjmunicipality.org](http://www.kaliyaganjmunicipality.org))
  - Candidate should enclose self attested copy of Proof of Age (Madhyamik Admit card), proof of residence (Aadhaar Card/Voter ID/Ration Card & **Residential Certificate**), Mark sheet of Madhyamik or equivalent examination as applicable, 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.
  - Candidate also enclose self attested copy of Marriage Certificate/ Voter Card/ Ration Card/ Aadhar Card mentioning the husband name for married candidates, Death Certificate of husband for widows and Order of Hon'ble Court order for divorce, if any divorces.

- All applications must be addressed to the Chairman, Kaliyaganj Municipality/ Executive Officer of Kaliyaganj Municipality and also to be submitted physically at the Municipal Office within working days at the designated drop box.
- The last date of submission of application is **30/05/2025** within **5.00 PM**. after that no application will be received or entertained.

**7. The Selection would be based on-**

- Eligible candidates to be called for interview in the **ratio of 1:10** for every vacancy of HHW based on the marks obtained in the Madhyamik or equivalent examination.
- 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.

**8. No TA/DA will be allowed to attend the interview.**

 08.05.25

*Finance Officer, Kaliyaganj Municipality*  
&  
*Member Convener, HHW Selection Committee*  
*Finance Officer*  
**Kaliyaganj Municipality**





Municipality:

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Ward No:

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District:

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State:

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Pin Code:

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## 7.2 ADDRESS FOR CORRESPONDENCE

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Town/City:

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Municipality:

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Ward No:

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District:

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State:

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Pin Code:

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## 8. Contact Details:

i. Mobile Number :

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ii. Residence :

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iii. E-mail id :

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## 9. Academic Qualification (Madhyamik or equivalent and onwards):

Sl. No.	School/Board/University/ Institute	Degree/Diploma	Year of Passing	Duration	Percentage of marks obtained

10. Additional Qualification (If any):

12. Extra Curriculum Activities (If any):

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 (Aadhar Card/Voter Card/Ration Card & Residential Certificate)		
4.	Caste Certificate		
5.	Others i) For married candidate-Marriage Certificate/ Voter Card/ Ration Card/Aadhar 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**