

Recruitment Notice

Filling up of vacancies of Honorary Health Worker (HHW) Under Nabadwip Municipality, Nadia, WB 741302

Name of Post: Honorary Health worker (HHW)

Memo No. SUDA-11017(18)/1/2021/10128(50) &

SUDA-11017(18)/1/2021/2974(25)

Qualification: Madhyamik or equivalent Examination as applicable	Criteria: Proof of residence (Aadhaar card/ Voter ID/ Ration Card).
Vacancy: 2	Original Marksheet of Madhyamik or equivalent examination as applicable.
Scheme Name: CBPHCS	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.
(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 basis of satisfactory performance and on obtaining approval for extension from UD& MA Department.)	

The last date prescribed for Receipt of application through Proper channel is **14/ 11/2025**. Please submit your **sealed application** in **Nabadwip Municipality's Drop Box only**. No application received other than in the Drop Box shall be considered. Check the notification from website of Nabadwip Municipality www.nabadwipmunicipality.in

Sd/-

**Chairperson of Selection Committee &
SDM & SDO, Krishnanagar Sadar**

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Please fill-up the application in CAPITAL LETTERS in OWN HAND WRITING with Blue ball point pen



Self-attested Stamp size photo

1. Name of the candidate:.....

2. Father Name:.....

3. Husband's Name:.....

4. Age (As on 01.01.2025) Year:..... Month:..... Day:.....

5. Date of Birth:.....

6. Present Address/Postal Address:.....

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7. Permanent Address:.....

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8. Whether age relaxation is needed or not? Yes:..... No:.....

9. Category: General..... SC..... ST..... OBC(A/B).....

10. Certificate No:.....

11. Telephone/Mobile No:.....

12. E-mail ID:.....

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13. Educational Qualification:.....

SL. No.	Examination Passed	Year of Passing	Board/Council/ University	Total Marks Obtained (excluding additional marks)	Out of the Marks

14. Experience in health project, if any :

15. Ration Card No:

16. Voter's Card (EPIC) No:

17. Aadhar No:

18. Enclosure: Attested copy of *(a) Voter's Card(EPIC) [], (b) Ration Card [], (c) Admit card/ Certificate of Madhyamik or its equivalent [], (d) Marks sheet of Madhyamik or its equivalent [], (e) Mark sheet of Higher Secondary or its equivalent [], (f) Mark sheet of Graduation [], (g) Proof of Experience [], (h) Caste /OBC certificate [],

I hereby declare that the entire document and all information submitted in this application from are true and best of my knowledge. I understand that if any of the information is found wrong, my application will stand cancelled.

Date:

Place:

L.T.I

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Signature of the candidate