



# Berhampore Municipality

## BERHAMPORE : MURSHIDABAD : WEST BENGAL

118, R. N. Tagore Road, Berhampore, Murshidabad - 742101

Phone: 03482-250012, Fax : 03482-251299, e-Mail : [chairman.berhampore@gmail.com](mailto:chairman.berhampore@gmail.com)

Memo No.: 76/07/Health/24/BM



Date:08/01/2024

The applications in prescribed format are invited from eligible persons for appointment to the post mentioned below.

Sl. No.	Name of the Post	No. of Vacancies	Category	Eligibility Criteria
1.	H.H.W (Honorary Health Workers )	02	Unreserved (Contractual)	<p>i) Candidate must have passed Madhyamik or equivalent examination .</p> <p>ii) Age limit – not more than 30-40 years as on 1<sup>st</sup> January, 2024 in case of SC/ST/OBC less age limit in 22 years as on 01/01/2024.</p> <p>iii) Only the Married/Divorced/Widow female candidate may apply.</p> <p>iv) Candidate must be resident of Berhampore Municipality .</p>

- The contractual honorarium of the HHW will be fixed at Rs.4500/- (Rupees Forty five thousand only)(Maximum) per month .
- The HHW shall be engaged on contract initially for a period of one (01) year.
- Candidates must furnish the self-attested photo copies of all testimonials and certificates issued by the competent authority along with application.
- Candidates must apply in the prescribed application format available from download on Berhampore Municipal official website ([i.e., www.berhamporemunicipality.org.in](http://www.berhamporemunicipality.org.in)). The form can also be obtained offline from Berhampore Municipal office(Health Section) during working hours.
- Candidates should enclose self-attested photocopy of the
  - Age proof certificate (i.e. Madhyamik Admit Card/Birth certificate)
  - Residential proof (Aadhar card/Voter ID/Ration card).
  - Madhyamik Mark Sheet.
  - SC/ST/OBC certificate issued by Sub Divisional Officer/DWO Kolkata .
  - Marital Status : (a) Married certificate /Voter Card/Ration Card/Aadhar Card mentioning husband name for married candidate . (b) Death Certificate of husband for Widow candidates .(c) Order of Hon'ble court for divorce if any for divorce .
- Selection will be on the basis of marks obtained(including additional papers) in the Madhyamik Exam or equivalent (90%) & interview (10%) .
- The candidates have to submit their applications in a designated drop box at the Berhampore Municipality (ground floor)
- The last date for submission of Scanned copy of Application with other papers within 30 /01/2024 .
- The decision of the Selection Committee will be final.
- The undersigned reserves the right to cancel / drop / postpone the whole process at any point of time without assigning any reason thereof.
- No TA/DA will be paid to the candidates for appearing at the selection test .

  
08/01/2024  
Executive Officer  
Berhampore Municipality  
Executive Officer  
Berhampore Municipality

**APPLICATION FORMAT**  
(Should be filled in BLOCK letters only)

Post Applied for Honorary Health Worker(Contractual)

To  
The Executive Officer  
Berhampore Municipality  
Berhampore, Murshidabad

Paste one  
self-attested  
passport  
size image

Sir,  
Application for the post of Honorary Health Worker[HHW](Contractual) in Berhampore Municipality.

1. Name: .....
  2. Father's / Husband's name: .....
  3. Gender (Tick): Male  Female
  4. Category (Along with Sub Category, if any): .....
  5. Date of Birth (DD/MM/YYYY):        
    - a. Age as on 01/01/2024: .....
  6. Nationality: .....
  7. Address:  
Address for Correspondence: .....  
.....  
.....  
..... PIN .....
  - Permanent Address with ward no: .....  
.....  
.....  
..... PIN .....
8. Contact Details:  
Mobile No.&Whatsapp No.: ...../..... Landline No.: .....
- E-mail ID : .....

9. Academic Qualification (s):

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



10. Additional Qualification (if any) :

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11. Present Occupation (if any) :

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12. Experience (if any) :

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**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 of the information / details is found incorrect / false at any stage of the selection process or if any fact is found to have been concealed by me or detected even after the appointment, my engagement shall be liable to be terminated and appropriate legal action shall be taken against me.

Date: .....

\_\_\_\_\_  
(Full signature of the candidate)

Place: .....