



**OFFICE OF THE  
KHARAGPUR MUNICIPALITY.**

P.O.-KHARAGPUR, DISTRICT-PASCHIM MEDINIPUR, PIN CODE-721301. E-mail:-cmkgpmpty@gmail.com  
Phone no:-03222-257080, 258169, Fax No-03222-255347.

**Detailed Advertisement for Recruitment of HHW (Honorary Health Worker)**

**Memo no. -12KM/Health**

**Date-11.01.24**

Applications are invited from the eligible women 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 criteria stated below:-

1. **Name of the post:-** Honorary Health Worker (HHW)
2. **No. of Vacancy:-** 19
3. **Eligibility Criteria:-**
  - **Age:** 30-40 years as on 1<sup>st</sup> 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. As such, candidates belonging to SC/ST/OBC (A/B) may apply whose age is between 22-40 years.
  - **Residence:** Must be a resident of Kharagpur Municipality.
  - **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).
  - **Marital Status:** Must be married / divorced / widow.
  - Candidates having motivation / experience rendering social service (optional).



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**4. Mode of Application:-**

- The candidates will have to apply in the prescribed Application Format. Application Format may be collected from the Health Section of this Municipality Office or to be downloaded from the website of **Kharagpur Municipality ([www.kharagpurmunicipality.org](http://www.kharagpurmunicipality.org))**.
- Candidate should enclose self attested copy of Proof of Age (Madhyamik Admit card), proof of residence (Aadhaar Card / Voter ID / Ration Card), 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.
- Candidate should also enclose self attested copy of Marriage Certificate / Voter Card / Ration Card / Aadhaar Card mentioning the husband's name for married candidates, Death Certificate of husband for widows and Order of Hon'ble Court order for divorce, if any for divorcees.
- All applications are to be submitted physically at the Health Section of this Municipality Office within working days at the designated Drop Box.
- The last date for submission of application is 03/02/2024 within 5.00 PM. After that no application will be received or entertained.

**5. Mode of selection -**

- Eligible candidates are 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).



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- Score in the interview (10% weightage)
  - Final merit list will be prepared based on marks obtained by the candidate in the Madhyamik or equivalent examination and score secured in the interview taken together.
- 6. Terms & Condition:-**
- Monthly honorarium of the HHW will be Rs. 4,500/- (Rupees Four thousand Five hundred only) per month.
  - The HHW shall be engaged 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.
  - No TA/ DA will be allowed to attend the interview.



Sd/-  
Chairperson, Selection Committee  
&  
SDO, Kharagpur.

**Application Form**

Application No.  
(For Office Use Only)

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.

Please put your signature across the photograph.

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

Advertisement No. \_\_\_\_\_

Dated \_\_\_\_\_

Application for the post of Honorary Health Worker (HHW)

**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 01.01.2024**   Years   Months

**5) Marital Status (Tick in appropriate box):** Married  Divorced  Widow

**6) Nationality:**

**7) Address :**

**7.1. PERMANENT ADDRESS (In Capital Letter) :**

P.O :

Town / City :

Municipality :  Ward No:

District :

State :

Pin code :