

Office of the Municipal Councillors, Bhatpara

[Address: 1/1, West Ghoshpara Road, P.O. Kankinara, District: North 24 Parganas. PIN-743 126]
☎ 2581-2082, 2581-9515, 2581-9514. Fax: 2581-1318. Email: bhat_09@yahoo.com * bhatparamunicipality@gmail.com

Memo No:- E-18/DR-1/4960

Date: 10/01/24

CORRIGENDUM

As per memo issued by SUDA vide no. SUDA-11017(18)/1/2021/95(50) dated 08/01/2024, this office Employment Notice vide memo no. E-18/DR-1/4916 dated 08/01/24, the age "as on 01.01.2023" as mentioned against Sl. No. 3, be corrected and read "as on 01.01.2024" and the Application form "Age as on 01.01.2021" as mentioned against Sl. No. 4, be corrected and read as "Age as on 01.01.2024".

Other content of Employment Notice and Application form will remain unaltered.

All concerned to note please and act accordingly.



Member Convener,
Selection Committee
Bhatpara Municipality

No. E-1/DR-1/4960

Dated : 10/01/24

Copy to:-

1. Sub-Divisional Officer, Barrackpore – Chairperson of the Selection Committee;
2. Chairperson, Bhatpara Municipality;
3. Vice-Chairman, Bhatpara Municipality;
4. Representative of CMOHs – Member of the Selection Committee;
5. Executive Officer – Member of the Selection Committee;
6. The Director, SUDA, ILGUS Bhawan, Salt Lake City;
7. Sri _____, Councillor, Ward No. _____, Bhatpara Municipality;
8. Sri/Smt _____, All officers/Departmental Heads, Bhatpara Municipality;
9. The IT coordinator, Bhatpara Municipality, with the direction to publish the Employment Notice No. _____ dated _____ and application format in the official website of Bhatpara Municipality immediately.
10. Notice Boards, Bhatpara Municipality;
11. Guard File.



Member Convener,
Selection Committee
Bhatpara Municipality

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. E-18/DR-1/4916 Dated 08/01/24

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 :

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 (Aadhaar Card/Voter Card/Ration Card)		
4.	Caste Certificate		
5.	Others i) For married candidate – Marriage Certificate / Voter Card / Ration Card / Aadhaar 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