



# SILIGURI MUNICIPAL CORPORATION

P.O. SILIGURI, DIST. DARJEELING (W.B.), ☎ 2432804, 2435444, 2433277, 2433744, 2435282, 2536311

Memo no. 319/..... Estt./SMC

Date 05/10/21

## Detailed Advertisement

Application are invited from the eligible women candidates (married/divorced /widow) who must be a resident of the Siliguri Municipal Corporation to fill up the vacancies of the post of Honorary Health Workers (HHWs) as per terms & conditions stated below :-

1. **Name of the Post** : Honorary Health Worker (HHW)
2. **No. of Vacancy** : 40
3. **Age**: 30-40 years as on 1<sup>st</sup> day of the calendar i.e. as on 01/01/2021. 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.**
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 on probation from the date of joining of each HHW & shall be extended further on the basis of satisfactory performance and on obtaining approval for extension from the UD & MA Department.
  - The candidates will have to apply in the prescribed Application Format is to be downloaded from the Website of **Siliguri Municipal Corporation**.
  - Candidate should enclose self attested copy of Proof of Age (Madhyamik Admit Card), Proof of residence (Aadhar Card/Voter ID/Ration Card), Mark sheet of Madhyamik or equivalent examination as applicable, proof of SC/ST/OBC (A/B) in case of SC/ST/OBC (A/B) candidates, as per certificate issued by the Sub Divisional Officer/DWO, Kolkata.
  - Candidate also enclose self attested copy of Marriage Certificate/ Voter ID / Ration Card / Aadhar Card mentioning the husband name for married candidates, Death Certificate of husband for widows and Order of the Hon'ble Court order for divorce, if any for divorcees.
  - All applications must be addressed, **To The Commissioner, Siliguri Municipal Corporation, Baghajatin Road, Siliguri- 734001** and also are to be submitted physically at the **Siliguri Municipal Corporation** office within working days at the designated drop box.
  - The last date for submission of application is 03/11/2021 within 4:30 pm. After that no application will be received or entertained.

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**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.**

*W. P. S.*  
Commissioner 5/10/21

Siliguri Municipal Corporation

Date..... 05/15/24

Memo no. 319(44)/..... Estt./SMC

*Copy forwarded for information and taking necessary action to:*

- 1-9. All Members Board of Administrators, Siliguri Municipal Corporation.
10. Secretary, Siliguri Municipal Corporation.
11. Executive Engineer, Siliguri Municipal Corporation
12. Supdt. Engineer, Siliguri Municipal Corporation
13. Finance Officer, Siliguri Municipal Corporation
14. Health Officer in-charge, Siliguri Municipal Corporation
- 15-19. All Borough Officer, Borough Office – I to V, Siliguri Municipal Corporation
20. Head Clerk, Siliguri Municipal Corporation
21. Accountant, Siliguri Municipal Corporation
22. Section in-charge, Establishment Section, Siliguri Municipal Corporation
23. Senior P.S. to the Chairman, Board of Administrators, Siliguri Municipal Corporation – *with a request to place the matter before the Hon'ble Chairman, BoA, SMC.*
24. P.A to Commissioner, Siliguri Municipal Corporation
- 25-41. All Deptt./Sectional Heads, Siliguri Municipal Corporation
42. Notice Board, Siliguri Municipal Corporation
43. IT cell, SMC- *with a direction to upload the notice in the official web site.*
44. Guard File, Estt. Section, Siliguri Municipal Corporation

*W. P. S.*  
Commissioner 5/10/21

Siliguri Municipal Corporation

**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 01.01.2021**   **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 :**

**7.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :**

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**P.O:**

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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) :**

**11) 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 (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**