



OFFICE OF THE MUNICIPAL COUNCILLORS OF BARASAT

RISHI BANKIM CHANDRA CHATTERJEE ROAD
BARASAT, KOLKATA - 700 124.



Phone : 2552 3211

2562 3535

Fax : 2562 6900

Email:

barasatmunicipaliyt05@gmail.com

info@barasatmunicipality.org

Website: - www.barasatmunicipality.org

Date 09/01/2024

Memo No. 1914 - BM / 29/23 -24

Corrigendum Notice

[Against Notice vide memo no. 1890-BM/29/23-24, dated: 08/01/2024, engagement of HHW's under Barasat Municipality]

Determination of age to filling up of vacancies of HHWs : 30-40 years as on 1st day of the calendar year i.e as on 01/01/2024.

Applicants are requested to visit Barasat Municipality website www.barasatmunicipality.org for details.

All other terms and conditions remain unchanged.

Chairman

Barasat Municipality

Barasat Municipality

Date 09/01/2024

Memo No. 1914(1-4) BM / 29/23 -24

Copy forwarded for kind information & wide publicity to:-

1. The District Magistrate, North 24 Parganas,
2. The S.P. North 24 Parganas
3. The Director, SUDA.
4. The Addl. Secretary, UD & MA Department & Additional Director, SUDA
5. The CMOH, North 24 Parganas
6. The S.D.O. (Sadar) Barasat, North 24 Parganas
7. The Vice Chairman, Barasat Municipality
8. The Executive Officer, Barasat Municipality
9. The Finance Officer, Barasat Municipality
10. The CIC, All, Barasat Municipality
11. The Health Officer/ MMOH, Barasat Municipality
12. OS, Barasat Municipality
13. Notice Board of Barasat Municipality
14. Guard File.

Chairman

Barasat Municipality

Chairman

Barasat Municipality

REVISED FORMAT

Application Form

Application No.
(For Office Use Only)

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

Advertisement No. _____

Dated _____

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.

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 :

7.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :

P.O:																								
Town / City:																								
Municipality :											Ward No:													
District:																								
State:																								
Pin Code:																								

8) Contact Details :

i. Mobile Number:																							
ii. Residence :																							
iii. E- mail id :																							

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