

# DURGAPUR MUNICIPAL CORPORATION

CITY CENTRE, DURGAPUR - 713216  
DIST. - PASCHIM BARDHAMAN

Ref. No. DMC/HW/248Date 12/09/2018**NOTICE**

Application in the "Prescribed Format" is invited from the eligible candidates for purely contractual engagement of following posts under Urban Primary Health Care Services (UPHCS).

| Sl.No.   | Name of Post                 | No of Posts   | Qualification/ Experience/Remuneration |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
|----------|------------------------------|---|--|----------------|---|---|---|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|--|
| 01       | Honorary Health Worker (HHW) | 1. (Twenty Three) Ward Wise<br>Vacancy are as follows :-<br><table border="1"> <thead> <tr> <th>Ward No.</th> <th>No. of Vacancy</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>4</td><td>1</td></tr> <tr><td>11</td><td>1</td></tr> <tr><td>14</td><td>3</td></tr> <tr><td>18</td><td>2</td></tr> <tr><td>19</td><td>1</td></tr> <tr><td>20</td><td>1</td></tr> <tr><td>21</td><td>1</td></tr> <tr><td>22</td><td>1</td></tr> <tr><td>28</td><td>1</td></tr> <tr><td>29</td><td>1</td></tr> <tr><td>30</td><td>2</td></tr> <tr><td>31</td><td>1</td></tr> <tr><td>33</td><td>1</td></tr> <tr><td>34</td><td>1</td></tr> <tr><td>41</td><td>1</td></tr> <tr><td>42</td><td>1</td></tr> </tbody> </table> | Ward No.                               | No. of Vacancy | 1 | 2 | 4 | 1 | 11 | 1 | 14 | 3 | 18 | 2 | 19 | 1 | 20 | 1 | 21 | 1 | 22 | 1 | 28 | 1 | 29 | 1 | 30 | 2 | 31 | 1 | 33 | 1 | 34 | 1 | 41 | 1 | 42 | 1 | <ol style="list-style-type: none"> <li>Candidate must be from Slum / Vulnerable Population of Vacant ward.</li> <li>Candidate must be Female (Married/Divorced/Widowed) and age group of 25 – 35 years. In case of SC /ST /OBC (A/B) candidate the upper age limit shall be as per Govt. rules.</li> <li>Minimum Educational Qualification: Madhyamik and Equivalent. Also having motivation / experience of rendering social services.</li> <li>Honorarium : Three Thousand One Hundred and Twenty Five only per month .</li> </ol> |
| Ward No. | No. of Vacancy               |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 1        | 2                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 4        | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 11       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 14       | 3                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 18       | 2                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 19       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 20       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 21       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 22       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 28       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 29       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 30       | 2                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 31       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 33       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 34       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 41       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |
| 42       | 1                            |   |  |                |   |   |   |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |  |

Terms and Conditions are noted below :-

- The upper age limit of the candidate will be 40 Years as on 01/01/2018 in case of SC/ST.
- Candidate must furnish the self attested photo copies of all testimonials and certificates issued by the Competent authority along with application.
- Candidate must furnish the self attested Proof of Residence (Aadhaar Card / Voter ID Card / Ration Card)
- Candidate must furnish the self attested Proof of SC/ST/OBC-A/OBC-B in case of SC/ST/OBC-A/OBC-B Candidate.
- Candidates should apply in the prescribed Application Form to be downloaded from the website in A4 Size paper.
- Candidates should enclose self attested photocopy of the age proof certificate with the application.
- Self attested recent passport size photo to be pasted on Application Form and name of the post for which Applied must be mentioned on the cover of the application and the top of the application form as "Application for the post of under UPHCS".
- Application should reach on the following address:

To

The Mayor,

Durgapur Municipal Corporation City Centre, Durgapur - 713216

7.Candidates are requested to view of [www.durgapurmunicipalcorporation.org](http://www.durgapurmunicipalcorporation.org) for further details.

8.Candidate must be submitted application in Drop Box of the Health Deptt. Of Durgapur Municipal Corporation.

**LAST DATE OF RECEIVING APPLICATION 17<sup>TH</sup> SEPTEMBER 2018 UPTO 3 PM**

Secretary

Durgapur Municipal Corporation

12-9-18

12/9/18

# **Durgapur Municipal Corporation**

To  
The Hon'ble Mayor,  
Durgapur Municipal Corporation,  
City Centre, Durgapur-713216

## **APPLICATION FOR THE POST OF HONORARY HEALTH WORKER (HHW)**

1. Name of the Candidate (IN CAPITAL LETTER) :
2. Father's Name:
3. Mother's Name:
4. Date of Birth: \_\_/\_\_/\_\_\_\_
5. Sex :(Male / Female)
6. Nationality:
7. State:
8. Cast:
9. Religion:
10. Marital Status:
11. Blood Group:
12. A> Present Address (IN CAPITAL LETTER) :

B> Permanent Address (IN CAPITAL LETTER) :

13. E-Mail (If Any) :

14. Mobile No. (Mandatory) :

15. Education Qualification: (Self attested photocopies to be attached)

| SL. NO. | Passed Exam | Board/University | Passing Year | Marks Obtained |
|---------|-------------|------------------|--------------|----------------|
|         |             |                  |              |                |
|         |             |                  |              |                |
|         |             |                  |              |                |
|         |             |                  |              |                |

16. Working Experience: (Certificates to be attached)

**Declaration**

I do hereby declare that all the statements are true correct and complete to the best of my knowledge.

Date:

Place:

(Full Signature of Candidate)