

Application Form

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Application for the post of **Honorary Health Worker (HHW)**.

Ref. No. BMC/Health/2024/38

Dated : 18.01.2024

(Please fill the application form in **BLOCK LETTERS**.)

Applicant's Full Name					
Father's Name					
Husband's Name					
Marital Status (Married/Divorce/Widow)					
Date of Birth					
Caste(SC/ST/OBC-A/OBC-B/General)		Religion		Nationality	
Mobile No.			Alternate Mobile No. (if any)		
e-mail ID					
Address (Present Address for Communication)	House/Premise No.				
	Ward No.(Mandatory)				
	Block Name/ Street Name				
	City				
	Post Office				
	Police Station				
	District				
	State				
	Pin Code				
Education Qualification (Madhyamik or any equivalent examination onwards)	Name of Examination	Year of Passing	Full Marks of the examination	Total marks obtained without Additional subject	Percentage (%) of Marks obtained without additional subject
	i) Madhyamik or any equivalent examination.				
Experience of social work if any,					

All the information and documents submitted by me are true and correct to the best of my knowledge.

Date:

Place:

(Signature of Applicant)

Self-attested photocopies of all the following documents to be submitted along with the application:-

- Age proof:** Birth Certificate/ Admit Card of Madhyamik or any equivalent examination from any recognised board.
- Residential proof:** Aadhaar Card/ Voter ID/ Ration Card.
- Mark Sheet** of Madhyamik or any equivalent examination.
- Cast Certificate** from Sub-Divisional Office (SDO)/ DWO, Kolkata.
- Certificate of experience of rendering social service, if any.
- Proof of **Marital Status**.

N.B.:-In case any of the information/document is found incorrect candidature may be cancelled.