

**APPLICATION FORM**

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through over face

NOTIFICATION NO:- 1948/1A/MM/HEALTH/981

DATED:- 28.09.2018

APPLICATION NO:-

HHW/MM/2018

(FOR OFFICE USE ONLY)

**Name of the Post:-Honorary Health Worker (HHW),(Maheshtala Municipality)**

(For Female Candidates only but unmarried females are not eligible)

1. Name of Candidate (In Block Letter):-.....
2. Father's/Husband Name (In Block Letter):-.....
3. Date of Birth (DD/MM/YYYY):-.....
4. Age as on 01.01.2018:-.....Year.....Months.....Days.
5. Present Address (In Block Letter):-.....  
.....
6. Permanent Address (In Block Letter):- :.....  
.....
7. Ward No :- .....
8. Nationality:-..... 9. Religion:-.....
10. Aadhar No.:-.....
11. Voter I Card No.:-.....

12. Marital Status:-  Married  Widow  Divorcee

13. Category (Tick):- GEN  SC  ST  OBCA  OBCB

14. Whether belongs to slum/vulnerable area:- Yes / No

If Yes please specify.....

**15. Academic Qualification:-**

Academic Qualification	University/Board	Subject	Year of Passing	Full Marks	Marks Obtained	% of Marks	Division/Grade

**16. Mobile No(Mandatory):-**.....

**17. E-mail (if any):-**.....

**Declaration:-**

I do hereby declare that all the statements made by me in the application form are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case any of my statement is found false/incorrect during any stage of recruitment and there after I shall be disqualified for the post applied for and I shall be liable for any penal action.

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Full signature of the Candidate.

**Enclosed:-**

- Age Proof:- Admit Card of Madhyamik Pariksha / Birth Certificate.
- Mark sheet of Madhyamik Pariksha / Equivalent Exam.
- Proof of Marital Status.
- Proof of residential address :-Voter Card/Aadhar Card/ Ration Card/ Passport/Certificate of Councilors.
- Proof of Cast Certificate.
- Experience Certificate (if any).
- Self addressed envelope (25cm X 11cm) affixed with stamp of Rupees 5.00 (Five) is mandatory.
- All documents to be Self Attested.