Application Form

Application No.

(For Office Use Only)			
To, The Chairman, Kalyani Municipality,	PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The		
PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except Signature) Advertisement No. 88/K.M. Dated. 03.01.2025	Colour photograph should not be more than 3 months old.		
Application for the post of Honorary Health Worker (HHW)	Please put your signature across the photograph.		
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 01.01.2025 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 CORRESPON	NDENCE (In Capital L	etter) :		
P.O:				
Town / City:				
Municipality:	Ward I	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. School/ Board/ University/ No. Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained
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		Year of passing	Duration	Percentage of marks obtained
SI. No. School/ Board/ University/ Institute 10) Additional Qualification (If any		Year of passing	Duration	Percentage of marks obtained
		Year of passing	Duration	Percentage of marks obtained
		Year of passing	Duration	Percentage of marks obtained
		Year of passing	Duration	Percentage of marks obtained
10) Additional Qualification (If any	7):	Year of passing	Duration	Percentage of marks obtained
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Language Known: (PLEASE TICK V)				
Language	WRITING	READING	SPEAKING	
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13) Check List of documents: (PLEASE TICK \sqrt{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.

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Date:	
Place:	Full Signature of the Candidate