

Block Level Federation (Maa Kichakeswari Mahila Shakti Sangha) Sukruli Block, At - Block Rajib Gandhi Seva Kendra, Po - Sukruli, Dist.- Mayurbhanj invites application/s from candidates for the following positions of Community Support Staff for Arjunbilla, Baria, Haladia, Jamunti, Jhadghosda, Khiching, Galusahi GPLF of Sukruli Block.

Community Support Staff	CLF/VILLAGE & GPLF/GP		No. of Vacancy	Minimum Educational Qualification	Performance Incentive (Rs. Per Month)
CRP- CM	Name of Cluster Level Forum/ Name of Village & Name of GPLF/GP	All Village of Arjunbilla GP	12	10th Pass	Rs.3000/-
		All Villages of Baria GP	5		
		All Villages of Haladia GP	6		
		All Villages Jamunti GP	13		
		All Villages of Jhadghosda GP	6		
		All Village of Khiching GP	7		
		All Village of Galusahi GP	10		
Master Book Keeper (MBK)	Name of GPLF/ GP	Arjunbilla GP	1	12th/ Intermediate/ +2 Pass	Rs.6000/-
		Jamunti GP	1		
		Khiching GP	1		
		Jhadghosda GP	1		
		Galusahi GP	1		
		Haladia GP	1		
		Baria GP	1		
Bank Mitra	Name of Bank	SBI, khiching (Arjunbilla, Jamunti, Khiching)	1	12th/ Intermediate/ +2 Pass	Rs.6000/-
		SBI, Singda (Jhadghosda, Galusahi, Haladia, Baria)	1		

Other Eligibility Criteria:

- Should be a woman and an SHG member
 - Should be able to read and write Odia
 - Well conversed with local language/dialect
 - Age: minimum 18 years
 - Domicile: Residence of the same village/cluster in case of CRP-CM; same GP in case of MBK;
- GP/GPs coterminous with the service area of the concerned Bank for Bank Mitra.

Mansa Malen Hendrum
ସମାପକ
ମା ଚିତ୍ତେଶ୍ୱରୀ ମହିଳା ଶକ୍ତି ସଂଘ
ପୁରୀ

Pramodini Dey
ସମାପକ
ମା ଚିତ୍ତେଶ୍ୱରୀ ମହିଳା ଶକ୍ତି ସଂଘ
ପୁରୀ

Block Development Officer
Sukruli

OFFICE OF THE PANCHAYAT SAMITI, SUKRULI.

No.2669..... /Date.....15/01/2022.....

“Advertisement for selection of community support staff under Maa Kichakeswari Mahila Shakti Sangha, BLF of Sukruli Block.”


Block Development Officer
Sukruli

Mansa Malles Hebbar

ସମାପ୍ତି
ମା ବିଚାରଣା ମହିଳା ଶକ୍ତି ସଂଘ
ସୁକ୍ରି

Pranodini Deo
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ମା ବିଚାରଣା ମହିଳା ଶକ୍ତି ସଂଘ
ସୁକ୍ରି

ANNEXURE-II APPLICATION FORM FOR COMMUNITY SUPPORT STAFF

Position applied for –

Name of the CLF: _____ Name of the GPLF: _____

Name of the Bank Branch (Bank Mitra): _____ Name of the Block: _____

A Personal Information	
1	Full Name of the Applicant
2	Sex
3	Full Name of Father/ Husband
4	Full Name of Mother
5	Date of Birth (DD/MM/YYYY)
6	Age as on date of issue of notice (in Completed Years)
7	Social Category (Please tick valid option) Gen () / SEBC () / SC () / ST () / Minority ()
8	Economic Category (Please tick valid option) Poor () / EPVG () / Ration Card holder () / BPL () / Annual Income less than Rs.60,000/- ()
9	Special Category (Please tick valid option) PwD () / Orphan () / PVTG ()
10	Current Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin
11	Permanent Address with name of Village, GP, Post Office, Police Station, Block, District, State, Pin
12	Telephone/mobile Number (Mandatory)
13	Alternate telephone/mobile Number (Optional)
14	Email ID (optional)

Paste recent
passport size
colour photograph

B. Educational Qualification (Self attested photocopy of Certificates & Mark sheets to be attached)

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Sl. No.	Degree/Diploma/ Certificate Course/ Any other	Total Marks	Total Marks secured	% of marks secured	Institution / College/ School	University / Board	Year of Passing
1	10 th Class						
2	12 th / Intermediate/ +2						
3	Graduation (Specify)/ +3						
4	Post Graduate (Specify)						
Any other qualification, ITI/additional degree, diploma/ degree/ certificate course. If Yes, mention below							
5							
6							
7							
8							

C. Experience (Self attested photocopy of experience certificates and relevant documents to be attached)					
Sl. No.	Area of Experience	Name and address of SHG/ CLF/ GPLF/Department/ Organization/ govt. recognized Institution associated with	PERIOD		Total Period (In Years/ Months)
			From (MM/YYYY)	To (MM/YYYY)	
1					
2					
3					
4					

D.	Language Proficiency (Put Tick Mark \checkmark in appropriate column)

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Sl. No.	Language	Read	Write	Speak
1	Odia			
2	Hindi			
3	English			
4	Any Other (Specify)			

Documents attached (refer to *Annexure-III* to know type of documents to be attached)

Sl No.	Name of Document attached	Sl No.	Name of Document attached
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration


I do hereby, declare that information submitted by me is true to the best of my knowledge. I understand that, in case of false information, my candidature will be rejected at any given point of time and I am also liable for appropriate action.

Date

Place

Signature

Auth

Cut from Here  -----

Acknowledgement

Application No: _____

**I Ms/Smt..... acknowledge receipt of application of
Ms/Smt..... for the position of for
..... CLF GPLF.....
under.....BLF on date..... at**

Full Name & Signature of receiver

With seal and stamp

Subit