

SHAKTIRUPA FEDERATION, BARGAON

PO: BARGAON, DIST: SUNDARGARH, MOB. NO. 9938705773, 9777817456, SGD NO. 5666-84 OF 2008

Letter No: 51

Date: 21.02.23

Shaktirupa Federation (BLF), Bargaon invites application/s from candidates for the following positions of Community Support Staff.

Name of the Post	Name of the GPLF	Service Area	No. of vacancy	Minimum Educational Qualification	Performance Incentive (Rs. Per Month)
CRP-CM	Ekma GPLF Po: Ekma PS: Bargaon Dist: Sundargarh Pin: 770016	Ekma Goudpada CLF	1	10 th Pass	Rs.3000/-
		Mahakulpada CLF	1		
		Ekma-II CLF	1		
		Ekma-III CLF	1		
		Padampur CLF	1		
Master Book Keeper (MBk)	Ekma GPLF Po: Ekma PS: Bargaon Dist: Sundargarh Pin: 770016	Ekma GP	1	12 th / Intermediate/+2 Pass	Rs.6000/-

ELIGIBILITY CRITERIA FOR SELECTION OF COMMUNITY SUPPORT STAFF

- Community Resource Person for Community Mobilization (CRP-CM)
 - Shall be a woman and an SHG member.
 - Shall be able to read and write odia.
 - Shall be well conversed with local language/dialect.
 - Age: minimum 18 years.
 - Educational Qualification: minimum 10th pass.
 - Domicile: shall be resident of the same village/cluster.
- Master Book Keeper (MBK)
 - Shall be a woman and an SHG member.
 - Shall be able to read and write odia.
 - Shall be well conversed with local language/dialect.
 - Age: minimum 18 years.
 - Educational Qualification: minimum Intermediate/ 12th /+2 pass.
 - Domicile: shall be resident of the same GP.

GENERAL TERMS AND CONDITIONS

- Application form and work description for each position are available at GPLF/BLF office. Candidate may download the Application Form and job profile from the website of Chief Development Officer-cum-Executive Officer.

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2. Self-attested documents in support of identity, qualification, experience, etc. as per the checklist have to be submitted along with application form at BLF Office within the timeline. Original documents shall be produced as and when required.
3. The selection process will consist of short listing of candidates on basis of minimum eligibility criteria, academic qualifications, experience and other socio-economic cum special category.
4. The prescribed eligibility conditions viz. age, qualification and experience, etc. should have been acquired as on date of notice. Qualification should be from approved recognized institutions.
5. In case of false or insufficient information/lack of proof to ascertain the eligibility of the applicant, their candidature will be rejected at any stage of the selection process.
6. Applications shall mention the correct and active mobile number and email-id in the application form.
7. CLF/GPLF/BLF have all the rights to cancel selection process at any level of selection process.
8. The candidate has no right to claim for permanent job with concerned CLF/GPLF/BLF/Government.
9. **The last date of receipt of application is 09-03-2023 by 5.30 pm.**

01/01/2023 21/02/2023
President
SHAKTIRUPA FEDERATION
BARGAON

Parimala Bork
21/02/2023
Secretary
Shaktirupa Federation
Bargaon

Memo No. 52 /Date: 21.02.23

1. Copy submitted to the Chief Development Officer-cum-Executive Officer, Zilla Parishad, Sundargarh for kind information and uploading the same in website for wider circulation and access.
2. Copy submitted to The Chairman, Bargaon/ The BDO, Bargaon / The CDPO, Bargaon for kind information.

01/01/2023 21/02/2023
President
SHAKTIRUPA FEDERATION
BARGAON

Parimala Bork
21/02/2023
Secretary
Shaktirupa Federation
Bargaon

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	<i>Paste recent passport size colour photograph</i>
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 (<input type="checkbox"/>)/ SEBC (<input type="checkbox"/>)/SC (<input type="checkbox"/>)/ ST (<input type="checkbox"/>)/ Minority (<input type="checkbox"/>)
8	Economic Category (Please tick valid option)	Poor (<input type="checkbox"/>)/ EPVG (<input type="checkbox"/>)/ Ration Card holder (<input type="checkbox"/>)/ BPL (<input type="checkbox"/>)/Annual Income less than Rs.60,000/- (<input type="checkbox"/>)
9	Special Category (Please tick valid option)	PwD (<input type="checkbox"/>)/ Orphan (<input type="checkbox"/>)/ PVTG (<input type="checkbox"/>)
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)	

B.	Educational Qualification (<i>Self attested photocopy of Certificates & Mark sheets to be attached</i>)
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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)						
5	Any other qualification, ITI/additional degree, diploma/ degree/ certificate course. If Yes, mention below						
6							
7							
8							

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

D.	Language Proficiency (Put Tick Mark √ 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



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