

Office of the Municipal Councillors of South Dum Dum Nager Bazaar, Dum Dum Road, Kolkata-74

Phone: 2560 2357, 2560 2743; Email-I'd: southdumdum74@gmail.com

NOTICE FOR COMMUNITY SERVICE PROVIDER (CSP) ENGAGEMENT

Memo NO. SDM/4986/XXIV

Dated: 21/12/2023

Applications in prescribed format are invited from intending candidates for filling up the two (2) no. of posts as shown in the table below for South Dum Dum Municipality under DAY-NULM programme:-

Serial No.	Name of the Post	No. of vacancies	Consolidated Remuneration	Qualifcation	Age (As on 01.01.2022)	Last date of submission
01	Community Service Provider	01	Payment milestone (As stated in Scheme Guideline)	Essential Qualification:- Madhyamik or equivalent examination from any board recognized by the Government. (Referred to eligibility criteria).	Age limit: between 21 years to 45 years.	05/01/2024

Eligibility Criteria: Community Service Provider (CSP)

- Must be a woman and at least 21 years of age as on 01/01/20214
- Must have passed Madhyamik or equivalent examination.

Who has been a member of an SHG which is active and following Panchasutra firthe last 3 years.

- Who has taken credit from SHG at least 3 times and taken a minimum of Rs.50,000/- and is not a defaulter on payment.
- Must have training & communication skills
- Must have desire to learn new skills & acquire knowledge and is physically fit.
- Is willing to go outside Municipality as and when required
- Must not continue to act as an office bearer of any SHG/ ALF/ CLF
- Members who are working as an office bearer of any SHG/ ALF/ CLF,



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can also apply.

- The member must have sound knowledge about the geographical areas for which she is selected
- She must have knowledge about bookkeeping of SHGs, and must have first-hand experience of bookkeeping.
- The candidate should not be engaged as a Master Trainers (MTs).



Chairperson

South Dum Dum Municipality
Kasturi Chowdhury
Chairperson

South Dum Dum Municipality

APPLICATON FORM

Affix recent passport size photograph

Post Applied for: Community Service Provider under N.U.L.M

1	1.	Full Name:
2	2.	Father's/Husband's Name:
3	١.	Permanent Address:
4	•	Present Address:
5.		Contact Numbers:
6.		Date of Birth:
7.		Name of SHG in which candidate belongs to:
		Designation under above mention SHG:
		Educational Qualification:
		Work Experience:
		Date:
	P	Place: Signature of Applicant
DI	-	o-gradule of Applicant

N.B: Please attached with 1. Photo copy of Aadhar Card, 2. Photo copy of last Qualification as mentioned,