

**ADVERTISEMENT NOTICE FOR THE POST OF COMMUNITY RESOURCE PERSON-
cum -COMMUNITY MOBILIZATION (CRP-CM)**

Notice No: 86

Date: 28 / 03 / 2023.

"Dharitri" Block Leve Federation, Kalimela Block invetes applications from candidates for engagement for the post of Community Resource Person cum Community Mobilization in Kalimela GPLF.

The Application should be reach through Speed Post/ Register Post/ by hand to Dharitri Mahasangha Block Level Federation, ICDS, Kalimela Block on or before 15/03/2023 by 5.00 P.M.

Community Support Staff	Name of the GPLF	Name of the CLF	No of Vacancy	Minimum Educational Qualification	Performance Incentive (Rs. Per Month)
Community Resource Person cum Community Mobilization (CRP-CM)	MOTU GPLF	MURULIGUDA CLF	01	10 TH Pass	Rs. 3000/-
		ALMA CLF	01		
		NUA MOTU CLF	01		
		KATAGUDA CLF	01		
		PURANA MOTU CLF	01		
		BINAYAKPUR CLF	01		
		MOTU CLF	01		
	TELERAI GPLF	PEDAWADA CLF	01		
		TAMAGUD CLF	01		
	PUSUGUDA GPLF	URUBALLY CLF	01		
		KONDAPALLY CLF	01		
		PETA CLF	01		
		JINELGUDA CLF	01		
		MUKANPALLY CLF	01		
		KRUSHANPALLY CLF	01		
	MALAVARAM GPLF	MALAVARAM CLF	01		
		M.V -88 CLF	01		
	MANDAPALLI GPLF	MPV-7 CLF	01		
		DUDIMETALA CLF	01		
	MAHARAJPALLY GPLF	M.V-114 CLF	01		
	BADILI GPLF	MPV-5 CLF	01		
		MV-40(A) CLF	01		
		MV-41(B)CLF	01		
	GOMPAKANDA GPLF	TENTULUGUDA CLF	01		
DORIGUDA CLF		01			
MPV-24		01			
NALAGUNTI GPLF	MPV-36 CLF	01			

	KALIMELA GPLF	RAJ NAGAR CLF	01		
	BODIGETA GPLF	MARIGETA CLF	01		
		TEKGUDA (AB) CLF	01		
		BODIGETA	01		
	MANYAMKONDA GPLF	BILIGUDA CLF	01		
		DUGANDA CLF	01		
	TIGAL GPLF	MPV -65© CLF	01		
		MPV -65(D) CLF	01		
		MPV - 65 (E) CLF	01		
	BHUBANPALLY GPLF	Perubali CLF	01		
		Tomaguda CLF	01		
		Kamarguda CLF	01		
		Bhubanpally CLF	01		
		Nabadeep CLF	01		
	CHITRANGPALLY GPLF	MV-96 CLF	01		
PERUBAI CLF		01			
	TOMUGUDA CLF	01			

Minimum Eligibility Criteria

- She should be a woman and an SHG member.
- She should be able to read and write Odia.
- Well conversed with local language/ dialect.
- Age: Minimum 18 year
- Education Qualification minimum Metric /10th Pass.
- Domicile: Shall be resident of the same GP (Resident Certificate)

Documents required to apply

- All educational qualification certificates with mark sheet.
- Valid Residence Certificate.
- Cast Certificate.
- BPL Card (if available)
- Income Certificate issue by Tahasildar. (Annual income less than Rs.60000/-)
- If orphan (attach a certificate from Tahasildar)
- Handicap Certificate (if available)
- Experience certificate (if available)
- Letter from SHG President & Secretary that she is a SHG member.
- Other any Certificate (if available)

General Terms and Conditions

- Application form available at BLF office, ICDS, Kalimela Block.
- Self-attested documents in support of identity, qualifications, experience. Etc. As per the checklist have to be submitted along with application form at BLF Office within the timeline.
- 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.
- 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.
- 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.
- Application shall mention the correct and active mobile number and email-id in the application form.
- GPLF/ BLF have all the rights to cancel selection process at any level of selection process.
- The candidate has no right to claim for permanent job with concerned CLF/GPLF/BLF/Government.
- The last date of receipt of application is 15/03/2023.
- In case of any doubt Please contact this number -7894715188, 8018566077.

Yours faithfully

Usharani Pradhan

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

Memo No: 87 /2023

Date: 28/02/2023

Copy to all Anganwadi Sector Supervisor/ All GP office of this Block / BPM OLM Kalimela/ BPC Mission Shakti Kalimela / All GPLF our information with a requesting to send the message to your concerned areas for wide publication.

Usharani Pradhan

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

Memo No: 88 /2023

Date: 28/02/2023

Copy Submitted to the Block Development Officer, Kalimela / CDPO, Kalimela for favour of your kind information and necessary action.

Cishanani Pradhan.

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

Memo No: 89 /2023

Date: 28/02/2023

Copy Submitted to the District Social Welfare Officer, Malkangiri favour of your kind information and necessary action.

Cishanani Pradhan.

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

Memo No: 90 /2023

Date: 28/02/2023

Copy Submitted to the Chief Development Officer – Cum- Executive Officer, Malkangiri favour of your kind information and necessary action.

Cishanani Pradhan.

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

Memo No: 91 /2023

Date: 28/02/2023

Copy Submitted to NIC Office Malkangiri with requesting to circulate the Notification to malkangiri.nic.in website in district portal.

Cishanani Pradhan.

Secretary
Dharitri Block Level Federation
Kalimela

Kabita Ghanami

President
Dharitri Block Level Federation
Kalimela

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 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 () / 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)		

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

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 <input checked="" type="checkbox"/> 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

Handwritten mark

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

Amal