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OFFICE OF THE ADYASHAKTI SANCHAYIKA MAHASANGHA, BLF, LOISINGHA

ADVERTISEMENT

Letter no. 166

Date. ୨୨.୧୧.୨୦୨୩

Adyashakti Sanchayika Mahasangha, BLF, Loisingha invites application/s from candidates for the following positions of Community Support Staff of 11 nos of GPLF, Loisingha Block.

Community Support Staff	CLF/GPLF	No. of Vacancy	Minimum Educational Qualification	Performance Incentive (Rs. Per Month)
Master Book Keeper (MBK)	Name of GPLF	Loisingha GPLF Loisingha	12th/ Intermediate/ +2 Pass	Rs.6000/-
	Name of GP	Kandajuri GPLF, Kandajuri		
		Badimunda GPLF, Badimunda		
		Uperbahal GPLF, Uperbahal		
		Taliudar GPLF, Uperbahal		
		Banipali GPLF, Banipali		
		Ratakhandi GPLF, Ratakhandi		
		Rengali GPLF, Rengali		
		Magurbeda GPLF, Magurbeda		
		Sargard GPLF, Sargard		
		G.S. Dunguripali GPLF, G.S. Dunguripali		

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 GP.

Pravali Gupta


Secretary
Adyashakti Mahasangha
Block Level Federation
Loisingha


Rashmi Singh Deo

President
Adyashakti Mahasangha
Block Level Federation
Loisingha

GENERAL TERMS & CONDITIONS

- 1) 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.
- 2) 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. 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) Applicants 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 06.12.2023


Secretary
Adyashakti Sanchayika
Mahasarakha Loisingha
Block Level Federation
Loisingha


President
Adyashakti Sanchayika
Mahasarakha Loisingha
Block Level Federation
Loisingha

ANNEXURE-III CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Sl. No.	Parameter	Self-Attested Documents to be submitted
a.	b.	c.
1.	Address Proof	Resident Certificate/Aadhaar Card/ Voter ID/ Electricity/ Water Bill/ Ration Card
2.	Identity Proof	Aadhaar Card/Voter ID/PAN Card/ Driving License/ Ration Card with Photo
3.	Age Proof	Birth Certificate/ 10 th class certificate
4.	Educational Qualification	Mark sheet/ Board Certificate/ Diploma/Degree Certificate/ Post graduate certificate/ Any other qualification certificate from approved recognized institution
5.	SHG Member	Letter from President/Secretary of concerned SHG
6.	Social Category (SC/ST/Minority)	Caste Certificate
7.	Economic Category (Poor/EPVG (SECC 2011 Census data)	PIP Under OLM as per SECC-2011
8.	Ration card holder	Ration card issued by Competent Authority
9.	BPL	BPL card issued by Competent Authority
10.	Annual Income less than Rs. 60,000/	Income Certificate issued by Tahasildar
11.	Person with Disability	Disability Certificate from concerned government department
12.	Orphan	Orphan certificate from concerned Tahasildar (staying at home)/ DCPO (staying at child care institution)
13.	PVTG	Caste Certificate
14.	Community Cadre in intensive village/ GP under OLM	Letter from concerned CLF President/Secretary (in case of CRP-CM), GPLF President/Secretary in case of MBK, Bank Mitra, CRP-EP mentioning period for which candidate is/was engaged in intensive village/ GP under OLM
15.	CRP for mobilization round/ Senior CRP under OLM	Letter/ Certificate from BMMU/DMMU/SMMU, OLM mentioning the period of engagement

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 () / 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 & Marksheets 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)				
Sl. No.	Language	Read	Write	Speak
1	Odia			
2	Hindi			

English			
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