

**OFFICE OF THE SHAKTI SAMRUDHI MAHASANGH**  
**AT/PO-KOMNA, DIST-NUAPADA, PIN -766106(ODISHA)**

Letter No: 17

Date: 15/02/2023

To,

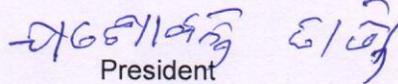
The CDO cum EO Zilla Parishad, Nuapada  
The District Social Welfare Officer, Nuapada

Sub: Notice Regarding Expression of Interest for Selection of Community Cadres Under Komna Block.

Madam,

With reference to the Subject Cited above, I am herewith to forward you the copy of EOI of candidates for selection of Community Cadres under Komna Block.

Yours Faithfully

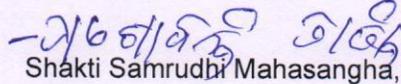
  
President

Shakti Samrudhi Mahasangha,  
Komna

Memo No. 18 Date. 15/02/2023

Copy to BDO/CDPO Komna for Information and necessary action.

President

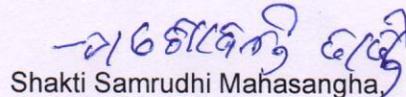
  
Shakti Samrudhi Mahasangha,

Komna

Memo No. 19 Date. 15/02/2023

Copy to District Informative Officer with a request to publish it in Nuapada.nic

President

  
Shakti Samrudhi Mahasangha,

Komna

NOTICE

SHAKTI SAMRUDHI MAHASANGHA, KOMNA(BLF)

Letter No. 16

Dt.15/02/2023

Block Level Ferderation Komna Block,At-(BLF office Komna Block),Dist-Nuapada invites Application/Form Candidates for the Following position of Community Support Satffs for below GP and Cluster.

Community Support Staff	CLF/Village&GPLF/GP	No of Vacancy	Minimum Education Qualification	Performance incentive(Rs.Per Month)
CRP-CM	Name of the Cluster Level Forum/Name of the GP and GPLF		10th Pass	Rs.3000/-
	01.Darlipada GP(Mahashakti Anchalik Manch Siletpani & Narishakti Anchalik Manch,Siletpani)	2		
	02.Maniguda GP(Ganiary CLF)	1		
	03.Dhorlamunda GP(Dhorlamunda Uperpada CLF&Malbhata CLF)	2		
	04.Agren GP(Shrema Anchalik Manch,Agren)	1		
	05.Kurumpuri GP(Chaukpada CLF)	1		
	06.Komna GP(Radhakrushna CLF,Singari)	1		
	07.Nuagaon GP(Narishakti CLF,Kamkeda)	1		
	08.Kandetara GP(Neherunagar CLF,Kandetara& Mahulbhata CLF)	2		
09.Thikpali GP(Suklimundi CLF)	1			

President  
Shakti Samrudhi Mahasangha

Secretary  
Shakti Samrudhi Mahasangha

		10.Soseng GP(Rupiam CLF,Soseng CLF,Tarabela CLF and Adar CLF)	4		
		11.Sunabeda GP(Maa laxmibai CLF,Junapani,Ma a Saraswati CLF,Gatibeda,Ga dgada CLF,Sunabeda and Shreekrishna CLF,Jamgaon)	5		
		12.Sialati GP(Belardana CLF&Haluapali CLF)	2		
		13.Lakhana GP(Bajar Pada CLF,Lakhana)	1		
		14.Konabira GP(Shree Krishna CLF,Pandel Bahali)	1		
		15.Bhela GP(Bhartapada CLF,Bhella)	1		
		16.Jadamunda GP(Kumutimunda ,Barpadar Pada)	1		
		17.Gandamer GP(Larki Anchalik Manch,Larki)	1		
<b>Master Book Keeper(MBK)</b>	Sunabeda GP	01.Sunabeda	1	<b>12th Pass</b>	<b>Rs.6000/-</b>

**Other Eligibility Criteria**

- \* Should be a women& SHG Member
  - \*Should be able to read and write Odia
  - \*Well Conversed with local language /District
  - \*Age:Minimum 18 Years
  - \*Domicile:Residence of the sameVillage/Cluster in case of CRP-CM,same G.P in case of MBK
- Candidates can Contact Ms.Jasobanti Tandi,Contact No.9348779237 and Upashi Majhi Contact No-7849003984

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President

Upashi majhi

## GENERAL TERMS & CONDITIONS

- 1) Application form and work description for each position are available at GPLF/BLF office. Candidate may download the Application Form the website of **nuapada.nic**
- 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 applications 02/03/2023**

Sd/-

President/Secretary

Block Level Federation (BLF)

*26/03/23*  
*[Signature]*

**President**

**Shakti Samrudhi Mahasangha  
Komna, Dist-Nuapada**

*[Signature]*  
**Secretary**

**Shakti Samrudhi Mahasangha  
Komna, Dist-Nuapada**

**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**

१६/०१/२०१३

UPoS. Mohu  
Secretary



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

ଶକ୍ତି ସମ୍ରୁଦ୍ଧି ମହାସଂଘ  
**President**  
 Shakti Samrudhi Mahasangha  
 Komna, Dist-Nuapada

ଉପାଧିକାରୀ ମାଧବୀ  
**Secretary**  
 Shakti Samrudhi Mahasangha  
 Komna, Dist-Nuapada

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*

*Shakti Samrudhi Mahasangha*  
President

Shakti Samrudhi Mahasangha  
Komna, Dist-Nuapada

*W.P.O. Mohi*  
Secretary

Shakti Samrudhi Mahasangha  
Komna, Dist-Nuapada