

**DEPARTMENT OF SOCIAL WELFARE
WOMEN AND CHILD DEVELOPMENT
CHANDIGARH ADMINISTRATION
(ICDS CELL)**

Public Notice

No. ICDS Cell/2025/972

Dated: 23.05.2025

Applications are invited for the post of Anganwadi Helpers for Anganwadi Centers in Union Territory of Chandigarh. The applicant should be female and should be the resident of local village or community (i.e. place of Anganwadi Center and the adjoining areas within 3-5 kilometers) of Chandigarh. The eligibility criteria and vacancy position is as under;-

Post	No. of Posts	Area of vacancy	Qualification	Age	Honorarium from Center Budget Per Month	Honorarium from State Budget Per Month
Anganwadi Helper	04	Mouli Colony: C.No. 1,16 & 18 Kaimbwala: C.No. 1	10+2 (Senior Secondary)	18-35 years	Rs. 2,500/-	Rs. 1,800/-

Last date for submitting application by eligible candidates will be 07 days after publication of notice i.e. till **30.05.2025 upto 4.00 PM**. The applications shall be addressed to Director Social Welfare (ICDS), Women and Child Development, Chandigarh Administration and shall be submitted at Town Hall Extension Building, 3rd Floor, Room No.05, Sector-17/C, Chandigarh. Incomplete applications and applications received after the due date shall be rejected.

Application Format, Essential Requirements and Roles & Responsibilities are also available on the website of Social Welfare Department, U.T., Chandigarh i.e. chds.w.gov.in. Intimation of date of verification of original documents and interaction with the selection committee will be put on the above website and no separate intimation will be given. The reservation in selection will be as per the reservation policy.

Certificate to be enclosed;-

1. Certificate of Educational Qualification.
2. Proof of Date of Birth.
3. Aadhar Card/Voter Card/any other valid residential proof (electricity bill/water bill) in proof of residence.
4. Certificate in support of reservation.
5. Certificate in support of any claim (s) in the application.

All the documents (mentioned in website under Essential requirements) being attached should be self attested.

Note: *The Department of Social Welfare, Women and Child Development reserves the right to increase/decrease the number of vacancies as per the requirement and also reserves the right to reject any or all applications received without assigning any reason.*

A. Essential Requirements for Anganwadi Helper

Education Qualification:	<ul style="list-style-type: none">• Must have passed minimum 10+2 for the post of Anganwadi Helper, through Direct basis.• Note:- In addition to the minimum academic qualification additional marks will be granted for higher education as per Merit criteria for promotion of Anganwadi Helper to the post of Anganwadi Worker.
Age criteria	<ul style="list-style-type: none">• The minimum Age will be 18 Years and the Maximum Age 35 Years (03 years relaxation will be given to OBC category and 05 years relaxation will be given to SC candidate) for apply to the post of Anganwadi Worker and Anganwadi Helper through Direct basis. (Copy of certificate to be attached with the application form).
Residence	<ul style="list-style-type: none">• The applicant should be a lady from the local village or community.• Here the Local village or community may be described as the place of anganwadi Center and the adjoining areas within 3-5 km.• In case no suitable candidate is available from the local area the applications from the SDM wise zone area will be called again. <p>Evidence related to residence:-</p> <ul style="list-style-type: none">• Aadhaar Card• Voter identification card (issued by Electoral Registration Officer)• Any other valid Government residence proof (such as electricity bill, water bill, etc) <p>Note:-</p> <ul style="list-style-type: none">• Photocopy of valid resident proof to be attached with the application form as proof.• In case of a newly-married female (within two months), the Marriage related proof and residence proofs of the husband should be attached subject to the condition that she has to submit her own residence proof in the office within the next two months after getting it issued from the concerned Govt. office.• In case the applicant does not possess Aadhaar card as per given address then the Aadhaar card is required to be updated for the given address and to be submitted in the office within 2 months from the date of joining.

APPLICATION FORM FOR ANGANWARI HELPER

1.	Post Applied for:	Anganwadi Center No. Area:
2.	Name of the candidate	
3.	Father' Name	
4.	Mother' Name	
5.	Marital Status (Yes/No) If yes please provide husband name:	
6.	Disability (Yes/No)	
7.	Date of Birth	
8.	Age as on date of issuance of public notice	
9.	Category (SC/OBC/Gen)	
10.	Complete Address	
11.	Mobile No.	
12.	Aadhar No.	
13.	Voter Card No.	
14.	Any Other Residence Proof	

15. Educational Qualification	Board/ University	Passing Month & Year	Total Marks	Marks Obtained	Percentage
➤ 12th					
➤ Computer Literacy, if any					
➤ Any other please specify:					

16. Detail of any past experience as Anganwadi Helper

17. Self Declaration Form

It is certified that the information given by me is true, complete, and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If any information given any false statement, my application/appointment shall be liable to be summarily rejected/terminated without notice or compensation. I have attached all the requisite self-attested certificates/proofs as listed on the application form.

Date:

Place:

Signature of Candidate

I hereby attached self-attested certificate along with application:-

Sr. No.	Particular	Tick the appropriate option	
1.	Proof of Date of Birth (Birth Certificate/10 th Certificate/ any other valid Govt. certificate)	<input type="radio"/> Attached	<input type="radio"/> Not Attached
2.	Aadhar No.	<input type="radio"/> Attached	<input type="radio"/> Not Attached
3.	Voter Card No.	<input type="radio"/> Attached	<input type="radio"/> Not Attached
4.	Any other Residence Proof..	<input type="radio"/> Attached	<input type="radio"/> Not Attached
5.	12 th	<input type="radio"/> Attached	<input type="radio"/> Not Attached
6.	Computer Certificate	<input type="radio"/> Attached	<input type="radio"/> Not Attached
7.	Disability Certificate	<input type="radio"/> Attached	<input type="radio"/> Not Attached
	*Certificate issued by the Civil Surgeon certifying that you are physically and medically fit for rendering the Anganwadi Services.	<input type="radio"/> Attached	<input type="radio"/> Not Attached
8.	Category Certificate (SC/OBC)	<input type="radio"/> Attached	<input type="radio"/> Not Attached
9.	Any other (please specify)	<input type="radio"/>	<input type="radio"/>

Signature of Candidate

आंगनवाड़ी कार्यकर्ता/आंगनवाड़ी सहायिका के लिए आवेदन पत्र

1.	आवेदित पद:	आंगनवाड़ी केंद्र संख्या:
		क्षेत्र:
2.	उम्मीदवार का नाम	
3.	पिता का नाम	
4.	माँ का नाम	
5.	वैवाहिक स्थिति (हाँ/नहीं) यदि हां तो कृपया पति का नाम बताएं:	
6.	विकलांगता (हाँ/नहीं)	
7.	जन्म की तारीख	
8.	सार्वजनिक सूचना जारी होने की तिथि के अनुसार आयु	
9.	श्रेणी (एससी/ओबीसी/जनरल)	
10.	पूर्ण पता	
11.	मोबाइल नंबर	
12.	आधार नंबर	
13.	वोटर कार्ड नं.	
14.	कोई अन्य निवास प्रमाण	

15. शैक्षिक योग्यता अंक	बोर्ड/ विश्वविद्यालय	उत्तीर्ण माह एवं वर्ष	कुल मार्क	अंक प्राप्त	प्राप्तांक प्रतिशत
12वीं					
कंप्यूटर साक्षरता (यदि कोई हो)					
कोई अन्य (कृपया निर्दिष्ट करें)					

16. आंगनवाड़ी सहायिका के रूप में किसी भी पिछले अनुभव का विवरण

17. स्वघोषणा प्रपत्र

यह प्रमाणित किया जाता है कि मेरे द्वारा दी गई जानकारी मेरी सर्वोत्तम जानकारी और विश्वास के अनुसार सत्य, पूर्ण और सही है और कुछ भी छुपाया या विकृत नहीं किया गया है। यदि कोई गलत बयान दिया जाता है या कोई जानकारी झूठी पाई जाती है, तो मेरा आवेदन/नियुक्ति बिना किसी नोटिस या मुआवजे के सरसरी तौर पर खारिज/समाप्त कर दी जाएगी। मैंने आवेदन पत्र पर सूचीबद्ध सभी अपेक्षित स्व-सत्यापित प्रमाणपत्र/प्रमाण संलग्न कर दिए हैं।

दिनांक:

जगह:

उम्मीदवार के हस्ताक्षर

मैं आवेदन के साथ स्वप्रमाणित प्रमाण पत्र संलग्न कर रही हूँ:-

Sr. No.	Particular	Tick the appropriate option	
1.	जन्मतिथि का प्रमाण (जन्म प्रमाण पत्र/10वीं प्रमाण पत्र/कोई अन्य वैध सरकारी प्रमाण पत्र)	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
2.	आधार नंबर	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
3.	वोटर कार्ड नं.	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
4.	कोई अन्य निवास प्रमाण	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
5.	12 वीं	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
6.	कंप्यूटर प्रमाणपत्र	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
7.	विकलांगता प्रमाण पत्र	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
	*सिविल सर्जन द्वारा जारी प्रमाण पत्र (यह प्रमाणित करता है कि आप आंगनवाड़ी सेवाएं प्रदान करने के लिए शारीरिक और चिकित्सकीय रूप से फिट हैं।)	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
8.	श्रेणी प्रमाणपत्र (एससी/ओबीसी)	<input type="radio"/> संलग्न	<input type="radio"/> संलग्न नहीं है
9.	कोई अन्य (कृपया निर्दिष्ट करें)		

उम्मीदवार के हस्ताक्षर