

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Purba Bardhaman

Memo No.: 2072 /DH&FWS/II-3

Dated Purba Bardhaman, the 5th July, 2022

Contractual Engagement of ANM (Community Health Assistant-Urban)
under XV-Finance Commission

In reference to the letter of Mission Director, NHM vide memo no. HFW/NHM-478/2021/370 dated 03/06/2022, DH&FWS and Office of the CMOH, Purba Bardhaman is inviting applications for engagement (on contractual basis) of **ANM (Community Health Assistant-Urban)** for Urban Health Wellness Center (UHWC) at Gushkara, Kalna, Katwa, Dainhat, Memari & Burdwan ULB (Municipality) under Fifteenth Finance Commission (XV-FC) as follows.

Name of the post	ANM (Community Health Assistant-Urban)
Number of post & Category	Total-15 (UR-7, SC-4, ST-1, OBC-A-2, OBC-B-1)
Place of posting	U-HWC of Gushkara, Kalna, Katwa, Dainhat, Memari & Burdwan ULB (Municipality)
Remuneration	Rs. 13,000/- per month Consolidated
Age as on 1st January 2022	Minimum 21 Years & Maximum 40 years
Scale of Scoring:	Percentage of Marks obtained in the ANM or GNM examination
Essential Criteria	Must have passed ANM course from an Institute recognised by the Indian Nursing council and be registered with the West Bengal Nursing Council. Should be proficient in Bengali and permanent resident of the District for which application is made <p style="text-align: center;">OR</p> Must have passed GNM course from an Institute recognised by the Indian Nursing council and be registered with the West Bengal Nursing Council. Should be proficient in Bengali and permanent resident of the District for which application is made
General Information	Following documents (self-attested) needs to be submitted alongwith the attached application format . 1) photo proof identity card (passport or Voter ID card or AADHAAR card or Pan card) 2) Proof regarding permanent residential status of the District applied for, which should be duly attested by a Gazette Officer or Group "A" Officer of the State Government (Voter ID card/Ration card) 3) The age proof certificate like admit card/ School leaving certificate issued by West Bengal Board of Secondary Education or similar board 4) Caste Category certificate (if any) in case of OBC candidates category "A" or "B" must be mentioned specifically in the caste certificate otherwise the candidate will be treated in "Unreserved category". 5) Marksheets and passed certificate of Madhyamik and ANM/GNM examination 6) Self attested copy of the ANM/GNM Registration Certificate

✓
05/07/22

An application fee of Rs. 100/- (Rs.50/- for reserved categories) will be deposited to the Bank through NEFT in favor of DISTRICT HEALTH AND FAMILY WELFARE SAMITY (NON-NHM) Bank A/C No- 0187132000008, IFSC- CNRB0000187. Bank deposit copy (with UTR no.) or copy of screen shot of payment will have to be submitted with the Application form.

Basic guidelines:


- i) Age will be relaxable for the reserved categories as per Government norms.
- ii) Incomplete applications, missing of required documents will be treated as cancelled.
- iii) Marks of educational qualification will be calculated except marks of additional subjects.

All the posts are purely on Contractual Basis for a period up to 31st March'2023, which may be extended on the basis of performance & subject to continuation of the Fifteenth Finance Commission.

**LAST DATE OF SUBMISION OF APPLICATION THROUGH SPEED
POST/REGISTERED POST/COURIER/BY HAND IS ON 15.07.2022 upto 5 pm**

Correspondence Address:-

Office of the chief Medical Officer of Health
District Health & Family Welfare Samity, 1st Floor
Khosbagan, Shyamsayer East
Near Harisabha Hindu Girls School
Purba Bardhaman
Pin – 713101, West Bengal


05/07/22
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Memo No.:2092/1(2)/DH&FWS/II-3

Dated Purba Bardhaman, the 5th July, 2022



Copy forwarded for information and taking necessary action to the:-

- 1) DIO, NIC, Burdwan with a requested to publish the Engagement notice in the website www.purbabardhaman.gov.in.
- 2) System Coordinator, IT Cell, Dept. of Health & Family Welfare, Swasthya Bhawan, Kolkata with a requested to publish the Engagement notice in the website www.wbhealth.gov.in.


05/07/22
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Copy forwarded for information to the:-

1. Sri Swapan Debnath, Hon'ble MIC of Animal Resources Dev., Chairperson of Selection Committee .
2. The Sabhadhipati, Purba Bardhaman Zilla Parishad
3. The Mission Director, NHM, Swasthya Bhavan, Kolkata
4. The Executive Director, WBSHFWS
5. The Director of Health Services, Govt of West Bengal , Swasthya Bhavan, Kolkata
6. The AMD (NHM) Swasthya Bhavan, Kolkata
7. The Programme Officer, National Mental Health Programme, Swasthya Bhavan, Kolkata
8. The District Magistrate, Purba Bardhaman
9. The Chairman of Gushkara, Kalna, Katwa, Dainhat, Memari & Burdwan Municipality
10. The STO, Swasthya Bhavan, Kolkata
11. The PO NHM-I, Swasthya Bhavan, Kolkata
12. The Addl District Magistrate(Health), Purba Bardhaman
13. The SDO All Sub division. Purba Bardhaman
14. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO/DPHNO Purba Bardhaman
15. The ACMOH all, Purba Bardhaman
16. The BMOHs, All BPHC, Purba Bardhaman
17. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
18. DPMU, Purba Bardhaman



**Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman**

**APPLICATION FORMAT FOR THE POST OF
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY) UNDER XV-FC**

[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

2. Guardian's Name:

Space for pasting recent
passport size photograph
duly signed by the
candidate

3. (a) Date of Birth according to Madhyamik
or equivalent examination certificate

: _____

(b) Age as on 1.1.2022

: _____

4. (a)(i) Caste Category (UR/SC/ST/OBC-A/
OBC-B of WB

: _____

(ii) Designation of issuing authority of the
Caste Certificate (If any)

: _____

(b) Physically handicapped (Yes/No)

: _____

5. Corresponding address (in Capital letters) to which :

Communication should be sent (mentioning
Post Office, Sub-division, District, Pin Code)

6. Permanent address (in Capital letters)

: _____

7. Contact No.

: _____

8. E-mail ID

: _____

9. Whether citizen of India (Yes & No)
(By Birth/ Registration)

: _____

10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the Board /University /Institute	Full Marks	Marks obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of passing

11. Professional / Others Qualifications or Specialisation:

Name of the Exam. Passed	Name of the Board /University /Institute	Registration Number	Full Marks	Marks obtained	% of Marks	Year of passing

DECLARATION

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date :

Place :

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Signature of the Candidate