

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

Memo No.: 396/DH&FWS/II-3/C

Dated Purba Bardhaman, 28th July, 2023

Contractual Engagement of ANM (Community Health Assistant-Urban)
under XV-Finance Commission- 2023-24

In reference to the letter of Mission Director, NHM & Executive Director, WBSH&FWS vide memo no. HFW-35099/249/2022-NHM- SEC-Dept. of H&FW/2748 dated 03/05/2023, 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 Katwa, Gushkara, 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	For FY-2023-24: 9 (UR-5, SC-1, ST-1, OBC-A-1, OBC-B-1)
Place of posting	U-HWC of Katwa, Gushkara, Memari & Burdwan ULB (Municipality)
Remuneration	Rs. 13,000/- per month Consolidated
Age as on 1st January 2023	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 certiicate 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



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) Marks of educational qualification will be calculated except marks of additional subjects.
- iii) Incomplete applications, missing of required documents will be treated as cancelled.

All the posts are purely on Contractual Basis for a period up to 31st March '2024, 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 31st August'23 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





28.07.23
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Memo No.:-396/1(2)/DH&FWS/II-3/C

Dated Purba Bardhaman, 28th July, 2023

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.





28.07.23
Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman

Memo No.:-396/2(50)/DH&FWS/II-3/C

Dated Purba Bardhaman, 28th July, 2023

Copy forwarded for information to the:-

1. The Mission Director, NHM, Swasthya Bhavan, Kolkata
2. The Executive Director, WBSHFWS
3. The Director of Health Services, Govt of West Bengal , Swasthya Bhavan, Kolkata
4. The District Magistrate, Purba Bardhaman
5. The AMD (NHM) Swasthya Bhavan, Kolkata
6. The Chairman of Katwa, Gushkara, Memari & Burdwan Municipality
7. The PO NHM-I, Swasthya Bhavan, Kolkata
8. The Addl District Magistrate(Health), Purba Bardhaman
9. The SDO All Sub division. Purba Bardhaman
10. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO/DPHNO Purba Bardhaman
11. The ACMOH all, Purba Bardhaman
12. The BMOHs, All BPHC, Purba Bardhaman
13. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
14. DPMU, Purba Bardhaman

  28-07-23
**Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman**

**APPLICATION FORMAT FOR THE POST OF
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY)**

XV-FC-2023-24

[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