



GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
NATIONAL HEALTH MISSION, BIRBHUM
OLD OUTDOOR CAMPUS, SURI
Cont. number : 9641496013 (Call & whatsapp)
EMAIL- cmohbirbhum@gmail.com

Memo.no.DHFWS/HR-J-30/1292

Dated: 22.06.2022

RECRUITMENT NOTIFICATION

(CONTRACTUAL RECRUITMENT-2022-2023)

In to letter issued by Mission Director, NHM vide office memo no. HFW-27038/57/2018/321(28) dated 05.05.2022, the District Health and Family Welfare Samity & office of the Chief Medical Officer of Health, Birbhum is inviting applications for Community Health Assistant (CHA) on **Contractual basis** under **National Urban Health Mission**. Eligible candidates may apply in the prescribed format attached herewith.

Application fee **Rs. 100/- for General Caste & Rs. 50/- for reserved category (SC/ST/OBC/PH)** must be enclosed with application in form of **NEFT/Bank Transfer/Phone pay/Google pay or any other online pay** to the A/C DH&FWS (Rogi Kalyan Samity) A/C no. **0214010208990**, IFSC Code **PUNB0021420**, Bank Branch PNB Suri.

Basic guidelines for all above posts:-

- 1) Fees transfer related document should be submitted with the application other wise application will be rejected
- 2) Experience :- will be calculated after completion of last required qualification
- 3) Age:- relaxation of age will be given for SC/ST/OBC/PH candidate as per Govt. Norms
- 4) **Name of the post should be Superscripted in the Application form & top of the Envelop**
- 5) All photocopies should be self-attested
- 6) Incomplete application, missing of required documents will be treated as cancelled.
- 7) In case of Experience from Private Organization, then the Recruitment board may ask for Salary Statement/any other documents from the agency for the said period for verification.

A	Name of the post	Community Health Assistant (Urban)
	Number of post & Category	10 (UR -5, SC-2, ST- 1, OBC A- 1, OBC-B-1)
	Place of posting	Municipality area under Birbhum District



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ToR for engagement of Community Health Assistant (Urban) under NUHM

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. Or 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.
Age Limit (as on 1st January)	Minimum 21 Years Maximum 40 Years
Monthly Consolidated Remuneration	₹13,000/- per month
General Information	Following documents (self attested) needs to be submitted alongwith the attached <u>application format</u> . 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
Selection Committee	The approved District Level Selection Committee as applicable for all District level recruitment.

Applicants Must be permanent resident of Birbhum District

Mode of Selection :- As per merit (highest marks obtained in ANM/GNM examination)

All candidates should submit the following self-attested Documents and application proforma maintaining the post applied for (Xerox copy). Separate application required for each post.

- Application as per proforma
- Admit card of Madhyamik Examination
- Mark sheet of MP & ANM/GNM (All year marksheet)
- Residence Proof certificate (As above)
- Caste proof certificate (if need)
- Fees transfer copy should be attached in the application


Chief Medical Officer of Health
(Suri) Birbhum



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- Applicant must visit websites www.wbhealth.gov.in/recruitment or www.birbhum.gov.in/ jobs for further information time to time publish from the office.

All the posts are purely on Contractual Basis for a period of one year which may be extended on the basis of performance & subject to continuation of the National Programme.

Fees to be transferred by any mode of online transfer system only :- A/C DH&FWS (Rogi Kalyan Samity) A/C no. 0214010208990, IFSC Code PUNB0021420, Bank Branch PNB Suri

LAST DATE OF SUBMISSION OF APPLICATION THROUGH SPEED POST/REGISTERED POST/COURIER IS ON 08.07.2022 upto 5 pm
(By hand will not be accepted)

Application must be sent to :-

Office of the chief Medical Officer of Health (DPMU section Room number 7)
New Administrative Building
Old Out Door Campus
PO- Suri, District:- Birbhum
Pin – 731101, West Bengal

Chief Medical Officer of Health
Birbhum

Dated: 22.06.2022

Memo.no.DHFWS/HR-J-30/12921(17)

Copy forwarded for information to:-

1. Hon'ble Mr. Chandranath Sinha, Chairman of Recruitment Committee
2. The Sabhadhipati, Birbhum 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 District Magistrate, Birbhum
8. The Programme Officer, National Mental Health Programme, Swasthya Bhavan, Kolkata
9. The Chairman of Suri/Bolpur/Dubrajpur/Sainthia Municipality
10. The Addl District Magistrate, (Gen), Birbhum
11. The SDO Suri/Bolpur/Rampurhat Sub division.
12. The Dy.CMOH-I/II/III/ DMCHO/ZLO/ DTO/DPHNO Birbhum
13. The ACMOH all
14. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
15. The DIO, NIC – with the request to publish advertisement in the official webpage of Birbhum
16. IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – he is requested to publish this advertisement in the wbhealth.gov.in website.
17. The DPMU Section for overall management of recruitment process.

Chief Medical Officer of Health
Birbhum

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(Suri) Birbhum

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

[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 :

.....
Signature of the Candidate