

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

Memo No.: 2673/DH&FWS/II-3

Dated Purba Bardhaman, the 17<sup>th</sup> March, 2023

**Contractual Engagement of ANM (Community Health Assistant-Urban)**  
**under XV-Finance Commission-2021-22**

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 ULB (Municipality) under Fifteenth Finance Commission (XV-FC)-2021-22 as follows.

<b>Name of the post</b>	<b>ANM (Community Health Assistant-Urban)</b>
<b>Number of post &amp; Category</b>	Total-7 (SC-3, ST-1, OBC-A-2, OBC-B-1)
<b>Place of posting</b>	<b>U-HWC of Gushkara, Kalna, Katwa, Dainhat &amp; Memari ULB (Municipality)</b>
<b>Remuneration</b>	<b>Rs. 13,000/- per month Consolidated</b>
<b>Age as on 1<sup>st</sup> January 2023</b>	Minimum 21 Years & Maximum 40 years
<b>Scale of Scoring:</b>	Percentage of Marks obtained in the ANM or GNM examination
<b>Essential Criteria</b>	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
<b>General Information</b>	Following documents (self-attested) needs to be submitted alongwith the attached <b>application format</b> . 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 <b>admit card/ School leaving certificate</b> 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 31<sup>st</sup> March'2024, which may be extended on the basis of performance & subject to continuation of the Fifteenth Finance Commission.

**LAST DATE OF SUBMISSION OF APPLICATION THROUGH SPEED  
POST/REGISTERED POST/COURIER/BY HAND IS ON 31.03.2023 upto 5 pm**

**Correspondence Address:-**

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

1703/23  
Chief Medical Officer of Health & Secretary  
DH&FWS, Purba Bardhaman

Memo No.:-2673/1(2)/DH&FWS/II-3

Dated Purba Bardhaman, the 17<sup>th</sup> March, 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](http://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](http://www.wbhealth.gov.in).

1703/23  
Chief Medical Officer of Health & Secretary  
DH&FWS, Purba Bardhaman

**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 Gushkara, Kalna, Katwa, Dainhat, 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



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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**  
**2021-22**

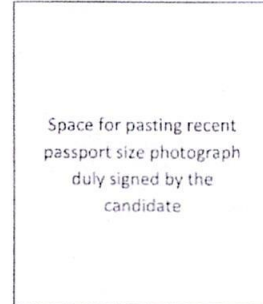
[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

\_\_\_\_\_

2. Guardian's Name:

\_\_\_\_\_



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