

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

Memo No.: 1875 /DH&FWS/II-4/E

Dated Purba Bardhaman, the 7<sup>th</sup> February, 2024

**Recruitment Notice**

**Contractual Engagement of ANM (Community Health Assistant-Urban)**

In reference to the letter of Mission Director, NHM & ED, WBSH&FW, vide memo no. HFW-27038/57/2018/321(28) dated 05/05/2022, 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 Primary Health Center (UPHC) at Kalna, Katwa, & Burdwan ULB (Municipality) under NUHM as follows.

<b>Name of the post</b>	<b>ANM (Community Health Assistant-Urban)</b>
<b>Number of post &amp; Category</b>	<b>Total-35 (UR-17, SC-9, ST-2, OBC-A-4, OBC-B-3)</b>
<b>Place of posting</b>	<b>U-HWC of Kalna, Katwa &amp; Burdwan ULB (Municipality)</b>
<b>Remuneration</b>	<b>Rs. 13,000/- per month Consolidated</b>
<b>Age as on 1<sup>st</sup> January 2024</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 Purba Bardhaman 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 Purba Bardhaman
<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 certiicate 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.) will have to be submitted with application form.


General Information for the Applicants/Candidates:

- i) The applicant must be a permanent resident of Purba Bardhaman. Proof regarding permanent residential status of the District (Voter ID card/Ration card), should be duly attested by a Gazette Officer or Group "A" Officer of the State Government.
- ii) The applicant must have knowledge of local languages (should be able to read, write and speak in Bengali).
- iii) Non submission of Application fees, that application shall be liable to be cancelled.
- iv) Age relaxation will be given for the reserved candidates as per existing norms of the State Government.
- v) Application forms not properly filled in or incomplete Application forms are liable to be cancelled. If the application details submitted by the applicant, differ with the original testimonials, that application shall be liable to be cancelled.
- vi) The Essential Criteria mentioned are the minimum and mere possession of the same does not entitle the candidate to claim selection. All the essential academic qualification must be completed on or before the last date of application.
- vii) Selection will be made on the basis of Percentage of Marks obtained in the ANM or GNM examination.
- viii) All marks must be calculated excluding marks of Additional Subject. No rounding off of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
- ix) The above-mentioned posts are purely contractual in nature with initial period up to March'2025 and it may be renewed for further period depending on satisfactory performance and approval of higher authority.
- x) As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. ii, All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW- 27011/137/2020/1352 dated 29/12/2020 will not be entitled for annual increment for the financial years 2023-24 and 2024-25.
- xi) The decision of the competent authorities regarding the recruitment is final.
- xii) The competent authorities may cancel the recruitment process at any stage of the selection process.

**LAST DATE OF SUBMISSION OF APPLICATION THROUGH SPEED  
POST/REGISTERED POST/COURIER/BY HAND IS ON 29.02.2024 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

  
07.02.24  
Chief Medical Officer of Health & Secretary  
DH&FWS, Purba Bardhaman

Memo No.:-1875/1(2)/DH&FWS/II-4/E

Dated Purba Bardhaman, the 7<sup>th</sup> February, 2024

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.

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

Memo No.:-1875/2(50)/DH&FWS/II-4/E

Dated Purba Bardhaman, the 7<sup>th</sup> February, 2024

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 Kalna, Katwa & 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

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

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