



Government of West Bengal
Office of the Chief Medical Officer of Health
District Health and Family Welfare Samiti

Lalbagh: Cooch Behar
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No: CMOH/COB/3522/19

Dated, Cooch Behar the 10.06/2019

NOTIFICATION

Applications are invited from the female eligible candidates for 2(Two) years Auxiliary Nursing & Midwifery (ANM) course for Urban Public Health Centres (UPHCs) of Cooch Behar Municipality (ULB) under National Urban Health Mission, Cooch Behar on contractual basis. Candidates must read the instruction thoroughly, carefully and check eligibility before submitting the application.

Sl no	Post Name	No. of ANM Trainees	Program Name	Age limit as on date 01-01-2019	Consolidate Remuneration/Month(Rs)
1.	Trainee ANMs	3 (2 UR+1 ST)	NUHM	Between 25-35yrs	Rs. 9,380/-**

** After successful completion of training they are likely to be engaged in the UPHCs.

Details of eligibility criteria are as follows:

- Only Female candidates are eligible to apply for the training course.
- The candidate should be a **permanent resident of the Cooch Behar Municipality (ULB)** for which she will be selected.
- Women within the age group of 25-35 years will be selected as Trainee ANMs. Upper age limit relaxation is 5 years for ST/SC women. For the candidate belonging to the Other Backward Classes (OBC), 3 years relaxation will be admissible.
- Should be a married, divorced or widowed woman
- Minimum qualification should be Higher Secondary (10+2) from West Bengal Council of Higher Education or equivalent examination passed from any recognized Council/Board.

Interested candidates are being requested to follow the departmental website (Recruitment)-www.wbhealth.gov.in for details (Annexure-I for application format & Annexure-II for details of vacancies). The candidate must submit their printout of filled up application with self attested copy of testimonial at the office of the CHOH & Secretary, Dist. Health & Family Welfare Samity, Cooch Behar, Lalbag, Debibari Road, Cooch Behar superscribing "Application for the post of _____" at CMOH Office Cooch Behar within 26/06/2019 during office hours except on holidays through regd. Post/Speed Post/by hand only.

N. B.

- The application should be accompanied with self-attested photocopies of each of the following documents.
 - Mark sheet of Higher Secondary or equivalent examination.
 - Age proof (Admit card/Certificate of Madhyamik Pariksha)
 - Proof of residence in **original** issued by the competent authority as per State govt. rules regarding competent authorities for issuing Residential/Domicile certificate.
 - Caste Certificate in case of SC/ST/OBC-B candidates, issued by the competent authority of West Bengal.
 - Physically Handicapped Certificate issued by the competent authority of West Bengal.
 - One recent self attested passport size color photograph which is to be affixed on the top right hand corner of the application form.
 - Failure to submit any requisite documents will be liable to cancellation of candidature.


Chief Medical Officer of Health and Secretary
District Health and Family Welfare Samiti
Cooch Behar


10/6/19

Application for Admission to the ANM Training Course under NUHM

(Applied for.....UPHC)

To
The CMOH/CMHO
.....DistrictEnrolment No
(To be filled in by the receiving institution)

AFFIX PHOTO

Sir/Madam,

I would like to apply for admission to ANM Training Course under NUHM. In this connection the requisite particulars and documents are given below:

1. Name (In block letters) :
2. Father's Name :
3. Husband's/ Guardian's Name :
4. Present Address(With Pin Code) & Phone No. :
5. Permanent Address (With Pin Code) :
6. The name of the ULB/Municipal corporation with Borough :
7. Date of Birth :
8. Age (As on 01.1.2019) :
9. Educational Qualification :
10. Details of Higher Secondary or Equivalent Examination. :

Name of the Examination	Name of the Council/ Board	Year of Passing	Total Marks (Aggregate) as per Best five subjects [Excepting Environmental Education]	Percentage of marks of column (d) subjects
(a)	(b)	(c)	(d)	(e)

(2)

11. Whether belong to SC/ST/OBC (A)/OBC(B) Category : Yes/No
[Please(√) whichever applicable]
(If yes, detailed statement and documents in support of the statement)

12. Whether Physically handicapped/Not : Yes/No
[Please(√) whichever applicable]
(If yes, detailed statement and documents in support of the statement)

13. Marital Status (Strike out which are not applicable) : Married/ Widow/ Divorcee

14. I hereby declare that the above mentioned particulars furnished by me are true to the best of my knowledge and belief. I am able to read, write and speak in Bengali/ Nepali.

Yours faithfully,

Date:

Place:

Signature of the Applicant: