

Government of West Bengal  
Office of the Chief Medical Officer of Health  
District Health and Family Welfare Samiti  
Lalbagh: Cooch Behar  
Tel: 228874(03582) Fax: 228966  
E-mail: cmoh\_cbr@wbhealth.gov.in

Memo No: 302

dated 24.01.2020

Application are invited for the post of Block ASHA Facilitator (BAF) under NHM on contractual basis at the following blocks within Sadar, Dinhata , Mathabhanga & Tufanganj Sub Division , District Coochbehar

Total Number of vacancy-4

Name of the Sub Division	Name of the blocks	No. of post	Eligibility Criteria	Remuneration
Sadar Sub Division	Coochbehar-I	1 Unreserved	1.Master's Degree in Social Science/ Sociology /Social Anthropology /Social Work (MSW) / Business Administration (MBA) /Economics /Rural Development / Mass Communication  OR  Graduate Degree in any discipline with minimum 2 years' experience in health projects  2. Preference will be given to candidates having working experience in ASHA programme  3. Knowledge in MS Office & Internet  4. Ability to communicate effectively  5. Ability to work hard  6. Willing to travel extensively  7.Should be a resident of the same Sub Division where he/she is applying	Rs.7500/- per month & Monthly mobility support 1500/-
Dinhata Sub Division	Dinhata-II	1 Unreserved		
Mathabhanga Sub Division	Mathabhanga-I	1 Unreserved		
Tufanganj Sub Division	Tufanganj-I	1 Schedule Caste		

**Age Limit:**Age should not exceed 40 years as on 01-01-2020. The upper age relaxation is 5 years for the candidates belonging to categories of Schedule Caste , Schedule tribe and 3 years for the candidates belonging to other Backward Classes as per Government guideline.

Eligible applicants will have to submit the following documents along with the application as per enclosed format:

1. Attested photocopy of proof of residence (Voter Identity Card/Ration card )
2. Attested photocopy of mark sheets of Higher Secondary or equivalent, graduation & Masters Degree as applicable.
3. Attested photocopy of age proof of the candidates (Birth Certificate / Madhyamik or equivalent Examination Admit Card)
4. Attested copies of computer application
5. Attested photocopy of working experience certificate, if any.
6. Attested photocopy of additional qualification, if any.

#### General information

Block ASHA Facilitator will be contractually engaged for a period of one year renewable based on budgetary sanction and performance

The selection will be based on merit (academic result and experience in health projects, along with a Written Test (50 marks), computer Skill Test (25 marks) as per prescribed weightage against each of these items.



After receiving engagement letter from the CMOH, Block ASHA Facilitator will have to undergo training as mandated by State ASHA cell.

Intending candidates are requested to submit their applications in specific format along with all necessary documents as stated above & collect the receive copy on working days at their own Sub Division Office (Sadar Sub Division Office , Dinhata Sub Division Office, Mathabhanga Sub Division Office, Tufanganj Sub Division Office ) Coochbehar .

Period of submission of application: 27-01-2020 To 10-02-2020 up to 4.00 P.M

All applications without proper documentation or in improper format are liable to be cancelled.

Date and venue of examination to be notified later.

  
Chief Medical Officer of Health and Secretary  
District Health and Family Welfare Samiti  
Coochbehar  



Memo.No.

Date.

Copy forwarded for information and necessary action to:

1. The District Magistrate & Collector, Cooch Behar
2. The DPHNO, Cooch Behar
3. The DPO, Coochbehar
- 4-7. The SDO of Coochbehar Sadar, Mathabhanga Sub Division, Tufanganj Sub Division & Dinhata Sub Division , Cooch Behar

8-11. The BDO, Cooch Behar-I/Dinhata-II/Mathabhanga-I/Tufanganj-I  
12-15. The BMOH, Cooch Behar-I/Dinhata-II/Mathabhanga-I/Tufanganj-I  
Chief Medical Officer of Health and Secretary

  
24/01/20  
Chief Medical Officer of Health and Secretary  
District Health and Family Welfare Samiti  
Coochbehar

Memo.No.


302/1(1)

Date.

24-01-2020

Copy forwarded for information and necessary action to:

1. The Private Secretary to the Chairman ASHA Facilitator Selection Committee, Cooch Behar & Hon'ble MIC to Govt. Of West Bengal, Dept of Forest with request to put up before the Hon'ble MIC for kind information.

  
24/01/20  
Chief Medical Officer of Health and Secretary  
District Health and Family Welfare Samiti  
Coochbehar

Memo.No.


302/1(1)

Date.

24-01-2020

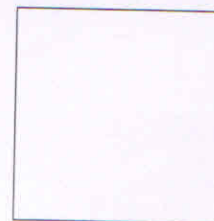
Copy forwarded for information and necessary action to:

1. The DIO, NIC Cooch Behar with request to arrange for publishing the same in the Official website of Cooch Behar District .

  
24/01/20  
Chief Medical Officer of Health and Secretary  
District Health and Family Welfare Samiti  
Coochbehar

## Application Format for Block ASHA Facilitator-2020

Applied for \_\_\_\_\_ Sub-Division



1. Name of the candidate:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's/ Husband's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) 4. Age as on 01.01.2020 \_\_\_\_\_

5. Gender: \_\_\_\_\_ 6. Category: \_\_\_\_\_

7. Mobile No: \_\_\_\_\_ 8. E-mail ID: \_\_\_\_\_

9. Present Address:


10 Permanent Address:


11. Academic Qualification:(H.S & Onwards)

Sl No	Examination Passed	Board/Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage of Marks (%)

12. Computer Literacy:

Degree/Course	Name of the Institution	Duration of Course	Total Marks	Marks Obtained	Percentage of Marks

13. Work Experience in Health Sector:

Sl No	Name of the Institution/Organization	Designation	From(Date)	To(Date)	Duration of Experience

14. Enclosures:(Tickin the brackets)

- a) Voter card( ) b) Ration Card( ) c) Admit Card of Madhyamik or its equivalent( ) d) Mark sheets of Higher Secondary or its equivalent( ) e) Mark sheet of Graduation( ) f) Mark sheet of Master's Degree( ) g) Computer Certificate ( ) i) Proof of Experience( ) j) Caste/Category Certificate ( ) k) Others, if any( )

I do hereby declare that the particulars furnished are correct.

Place and Date:

\_\_\_\_\_  
Signature of Applicant