Memo. No. DH&FWS/NHM/2018/944

Date: 23.05.18

Recruitment Notification

Applications are hereby sought from the Female candidates for purely contractual post of Staff Nurse under NUHM (National Urban Health Mission), Department of Health & Family Welfare, North 24 Parganas. Henceforth, all the eligible and interested candidates are being requested to submit their application as per prescribed format (Annexure-I) in accordance with the eligibility criteria noted below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the post</th>
<th>Name of the Programme</th>
<th>No. of vacancies</th>
<th>Reservation status</th>
<th>Monthly consolidated remuneration (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff Nurse</td>
<td>NUHM</td>
<td>190</td>
<td>UR-103, OBC-A-19, OBC-B-14, SC-43, ST-11,</td>
<td>Rs. 17,220/-</td>
</tr>
</tbody>
</table>

Eligibility criteria for the post of Staff Nurse:

- GNM from an Institute recognized by the Indian Nursing Council. Candidate should have proficiency in local language.
- Upper age limit: 64 (Sixty Four) Years as on 1st date of year of publication of this recruitment advertisement.

Selection procedure

Scoring system

<table>
<thead>
<tr>
<th>Name of the post</th>
<th>Basic qualification</th>
<th>PG Degree/Diploma</th>
<th>Computer Test</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurse</td>
<td>100 (based on % of marks obtain in the final examination)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*NA means Not Applicable

Member Secretary,
District Level Selection Committee, DH & FW, &
Chief Medical Officer of Health, North 24 Parganas
General instruction/s for the candidates

- Application should reach to Office of the Chief Medical Officer of Health, Banamalipore, Barasat, North 24 Parganas, PIN-700124 (Nursing Training School) within 6th June, 2018 by 5:00 P.M. through ordinary or registered post or speed post only and duly mentioned “post applied for” in front of the envelope. No application will be considered after stipulated date and time. Postal delay will not considerable after last date.
- Candidate must submit the Application Fee of Rs. 100/- (Rs. 50/- in case of reserved category) for the above mentioned posts, through cash deposit in any branch of Bank of India in favour of “District Health & Family Welfare Samiti”, A/c number- 424210100036711, IFSC code- BKID0004242, Barasat Branch.
- Original copy of Deposit or any other transaction slip of application fee must attach along-with the application.
- The DH&FWS, North 24 Parganas will not be responsible for any postal delay.
- Application must as per prescribed format (Annexure-I).
- Age relaxation to be applied, for candidates under reserved categories as per Govt. norms.
- Incomplete application without supporting documents is liable to be rejected.
- Candidates should follow the websites- www.wbhealth.gov.in->Recruitment and www.north24parganas.gov.in->Recruitment for further details and communication. Therefore all communications to be made through notification/s in mentioned websites only.
- District Level Selection Committee reserves right to cancel this recruitment notification in any stage of selection in such circumstances.

[Signature]
Member Secretary,
District Level Selection Committee, DH & FW, &
Chief Medical Officer of Health, North 24 Parganas
ANNEXURE-I

Application format for the post of Staff Nurse

To
The Chief Medical Officer of Health,
Banamatipur, (NTS, District Hospital Campus)
Barasat, North 24 Parganas
Kolkata- 700124

Sub: Application for the post of ......................................................

1. Name in full (in BLOCK letter): .................................................................

2. Sex  (Put a tick)  Female  ........................................................................

3. Father’s /Husband’s/ Guardian’s Name: ........................................................


5. Date of Birth:  DD  MM  YYYY  ..............................................................

6. Age: ............................................................................................................

7. Nationality: ..................................................................................................

8. Address:

Phone/Mobile number:

Permanent Address:

Village / City/ Town  ..............................................
Post Office ......................................................
Police Station ..................................................
District ............................................................
State: ..............................................................
PIN Code......................................................
9. Essential Qualifications:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year of Passing</th>
<th>University / Board /Institute</th>
<th>Total Marks</th>
<th>Marks Obtained</th>
<th>Percentage of Marks Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Graduation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GNM from an Institute recognized by the Indian Nursing Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Details of post qualification experiences:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Govt. / private / NGOs</th>
<th>Period</th>
<th>Total years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From (date)</td>
<td>To (date)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. List of Self-attested Photocopies- documents enclosed (No other document except mentioned below is required) [Put ‘✓’ mark in box]:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age proof certificate</td>
</tr>
<tr>
<td>2.</td>
<td>Voter I.D. Card / Aadhaar card for verification of identity</td>
</tr>
<tr>
<td>3.</td>
<td>Mark-sheets &amp; certificate of educational qualifications as per eligibility criterion (i.e. Madhyamik /H.S./Graduation/Post Graduation/GNM course)</td>
</tr>
</tbody>
</table>

**DECLARATION:**

I solemnly declare that (a) all statements made in this application are true, complete and correct to the best of my knowledge; (b) Original documents will be produced on demand; (c) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences as desired by the competent authority.

Place ..............................................

Date ..............................................

Signature of the candidate in full