



Government of West Bengal  
District Health & Family Welfare Samiti  
Office of the Chief Medical Officer of Health  
North 24 Parganas, Barasat



Memo. No. DH & FWS/NHM/2020/ 1314

Date: 7.08.20

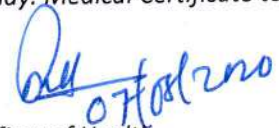
**Notice Regarding Engagement of Trained ANM under NUHM**

In compliance of letter vide Memo. No. HFW/NUHM-523/2019/5394, Dated 17.03.2020, two below mentioned candidates who have successfully completed two years ANM training course (2017-2019) under NUHM are requested to appear for joining to the post of ANM under NUHM on 12<sup>th</sup> August, 2020 at the Office of the CMOH, Banamalipur, Barasat, North 24 Parganas at 12 noon along with the following documents.

Sl. No.	Name of Candidate	Assigned Municipality	Student Reg. No.	Category (Caste)	Name of the NTS	Total Marks Obtained
1	Kamrunnesha	Bhatpara	0039/2017 AST	OBC-A	NTS, Barasat	412
2	Bipasha Das (Mondal)	Naihati	0122/2017 AST	S.C.	NTS, ID & BG	408

**Documents required for joining:**

1. All original documents of age proof, identity proof, educational qualifications, residential certificate and marriage certificate (with self-attested photocopy of each)
2. Original mark-sheet/ certificate issued by the West Bengal Nursing Council (with self-attested photocopy)
3. Form of Undertaking which should be duly printed on a non-judicial stamp paper of value Rs. 10/- (higher value than Rs. 10/- may be accepted in case of non-availability)
4. A Medical Certificate in the enclosed format should also be brought on the same day. Medical Certificate to be filled by a registered medical practitioner with registration number and seal.

  
Chief Medical Officer of Health  
North 24 Parganas


Enclosure: Form of Undertaking (Annexure-A)  
Medical Certificate (Annexure-B)

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Copy forwarded for necessary information & action to:-

- 1) The Chairperson, DLSC, North 24 Parganas and Minister in-Charge, Food and Supply, Govt. of West Bengal
- 2) The DHS, H & FW, Govt. of W.B. Swasthya Bhavan
- 3) The Mission Director-NHM, H & FW, Govt. of W.B. Swasthya Bhavan
- 4) The Additional Mission Director, NHM, H & FW, Govt. of W.B. Swasthya Bhavan
- 5) The Programme Officer, NHM, H & FW, Govt. of W.B. Swasthya Bhavan
- 6) The District Magistrate, North 24 Parganas
- 7) The Addl. District Magistrate (Health), North 24 Parganas
- 8) The Chairperson/Executive Officer, Bhatpara and Naihati Municipality, North 24 Parganas with request to retain one original copy of the Joining Letter of the candidate and one original copy of acceptance of the same letter must be given to the candidate which will be needed further for the EPF procedure of the candidate and future self-documentation
- 9) The SNO-NUHM, H & FW, Govt. of W.B. Swasthya Bhavan
- 10) The Officer-in-charge (Health), O/o the DM, North 24 Parganas
- 11) The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO, North 24 Parganas
- 12) The DPHNO, North 24 Parganas
- 13) The ACMOH (All sub-division), North 24 Parganas
- 14) The Accounts Officer, O/o the CMOH, North 24 Parganas
- 15) The SPMU, NUHM, DH & FW, Govt. of W.B. Swasthya Bhavan
- 16) DPMU, North 24 Parganas
- 17) Guard file

  
Chief Medical Officer of Health  
North 24 Parganas

ANNEXURE-A

**Form of Undertaking**

To  
Chief Medical Officer of Health & Secretary  
..... District Health and family Welfare Samity

Sir,

I, Smt. .... wife/ daughter of (Name of Guardian) ..... of  
.....(address)..... District ..... would like to inform you that I  
have accepted your offer to join at ..... UPHC under .....  
Municipality/Municipal Corporation of ..... District as ANM under NUHM on contractual basis  
on the following terms and conditions as per your Order No. .... dated .....

1. The contract will be valid upto **March, 2020** and will be effective from the date of my joining.
2. The contract may be terminated at one month's notice from either side.
3. I shall not demand any other allowances or compensations like HRA, MA, DA, Pension, Gratuity etc.

Yours faithfully,

(Name of the Candidate)

**Medical Certificate in case of appointment of candidates under  
West Bengal State Health & Family Welfare Samiti**

Name of the candidate in full (in block letters) :  
 Height (without shoe) : Cm.  
 Weight : Kg.

"I hereby certify that I have examined Sri/Smt..... a candidate for employment in the West Bengal State Health & Family Welfare Samiti, and can't discover that Sri/Smt..... has any disease. (communicable or otherwise) constitutional weakness or bodily infirmity, except....."

I do not consider this a disqualification for employment in the office of State Samiti. Sri/Smt.....'s age is, according to his own statement..... Years, and by appearance about.....years".

- a. General Development : Good/Fair/Average/Poor
- b. Vision : Right eye: Left eye:  
 i. Uncorrected/Naked eye :  
 ii. Corrected :  
 iii. Nature and degree :
- c. Teeth : d. Hearing : e. Blood pressure :
- f. Lung : g. Heart : h. Liver :
- i. Spleen :
- j. Hernia (present or absent) :
- k. Hydroceles (present or absent) :
- l. Urine i. Specific Gravity ii. Albumin iii. Sugar
- m. Identification marks :
- n. The Candidate is :

i. Fit

ii. Unfit on account of

iii. Temporarily unfit on account of

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :  
(Seal)

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Signature of Candidate

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Attested