



Memo. No. DH & FWS/NHM/2019/ 2285

Date: 14/11/2019

Notice Regarding Final Document Verification for Provisional Admission of trainee ANMs under NUHM

In continuation of the recruitment notifications for the post of ANM under NUHM vide Memo No. DH&FWS/NHM/2019/1136 dated 11.06.2019; DH&FWS/NHM/2019/1400 dated 22.07.2019 and HFW/NUHM-232/2016/3485 dated 23.10.2019 the final document verification for Provisional Admission of trainee ANMs for UPHCs of ULBs under NUHM will be held on **18th November, 2019** at office of the CMOH, District Hospital Campus, Barasat, North 24 Parganas at 11:30 AM. Pertaining to this, all candidates as per **Annexure- A** are hereby requested to remain present on that day along with the following documents-

1. Age proof (Admit Card/ Certificate of Madhyamik Pariksha)
2. Identity proof (Voter Card/ AADHAR Card, PAN Card etc.)
3. residential address proof (Voter Card/ AADHAR Card and Residential/ Domicile certificate of competent authority)
4. All marksheets of educational qualifications relevant to the post applied for
5. Marriage certificate (and/or proof of divorce/widow-ship)
6. Caste certificate issued by the competent authority of West Bengal
7. Physically Handicapped Certificate issued by the competent authority of West Bengal
8. Medical Certificate (from a registered medical practitioner)

Enclosure: List of Candidates (Annexure-A)
Medical Certificate (Annexure-B)

Chief Medical Officer of Health
North 24 Parganas

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Copy forwarded for necessary information & action to:-

- 1) The MIC, Deptt. Of Food & Supply, Govt. of W.B. & Hon'ble Chairperson, District Level Selection Committee, DH &FW, North 24 Parganas
- 2) The Mission Director, NHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
- 3) The Additional Mission Director, NHM, H & FW Deptt., Govt. of West Bengal, Swasthya Bhavan
- 4) The District Magistrate, North 24 Parganas
- 5) The Addl. District Magistrate (Health), North 24 Parganas
- 6) The State Nodal Officer, NUHM, H & FW Deptt. ,Govt. of West Bengal, Swasthya Bhavan
- 7) The Officer-in-charge (Health), O/o the DM, North 24 Parganas
- 8) CIC (Health), all concerned municipalities, North 24 Parganas
- 9) The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, North 24 Parganas
- 10) The ACMOH(all sub-divisions), North 24 Parganas
- 11) The E.O./Health Officers/AHO/ Nodal Officers-NUHM/F.O.(all concerned municipalities), North 24 Parganas
- 12) The Accounts Officer, North 24 Parganas
- 13) DPMU, North 24 Parganas
- 14) Office Copy

Chief Medical Officer of Health
North 24 Parganas

ANNEXURE-A

**Panel of waiting list for trainee ANMs under NUHM
Department of Health & Family Welfare, North 24 Parganas**

SL NO	APPLICATION CODE	NAME OF THE CANDIDATE	FATHER'S / HUSBAND'S / GURDIAN'S NAME	NAME OF THE ULB	CASTE
1	ANM-19-285	MOUSUMI KARMAKAR	MADHYAM GAYEN	BARANAGAR	UR
2	ANM-19-316	KUHELI MANDAL	SUNIJ KUMAR MANDAL	BIDHAN NAGAR	SC
3	ANM-19-322	PAYAL CHAKRABORTY	LT. AMIYA MUKHERJEE	KAMARHATI	UR
4	ANM-19-204	MILI GHOSAL BHADRA	BISWANATH BHADRA	NAIHATI	UR


 14.11.19
 Chief Medical Officer of Health
 North 24-Parganas

**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. Hemia (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)

Signature of Candidate

Attested