

**Government of West Bengal**  
**Office of the Chief Medical Officer of Health**  
**5 D. L. Roy Road, Krishnanagar, Nadia**

**Telephone: (03472) 252306 Email ID: cmoh\_nad@wbhealth.gov.in/ cmohnadia@gmail.com**

**Memo No. CMOH-Nad/10093**

**Dated. Krishnanagar the 13<sup>th</sup> December 2016**

**3<sup>rd</sup> CORRIGENDUM NOTICE**

In partial modification of the earlier recruitment notice issued vide this office memo no. CMOH-Nad/9730 dated 29/11/2016, vide corrigendum notice no. CMOH-Nad/9926 dated. 06.12.16 & vide corrigendum notice no. CMOH-Nad/10039 dated. 09.12.16 & applications are hereby invited from eligible candidates for **Admission in ANM Training Course (2 Years) under NUHM**. This specific application as per prescribed format only with relevant documents must reach this office on or before 14/01/2017 by 5:00 pm sharp via Registered Post / Speed Post/ Courier only, addressed to **Chief Medical Officer of Health Nadia & Secretary, District Health & family Welfare Samity, 5, D. L. Roy Road, PO- Krishnanagar, District- Nadia, and Pin- 741101**, superscripted with heading "**Application for Admission in ANM Training Course (2 Years) under NUHM**"

**General instructions for application of ANM Training Course (2 Years) as follows:**

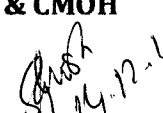
1. Women within the age group of 25-35 years will be selected as ANM. Upper age limit is relaxable for 5 years for SC/ST women. For the candidate belonging to the Other Backward Classes (OBC), 3 years relaxation will be admissible.
2. Should be a permanent resident of the particular ULB for which she will be selected. In case of Municipal Corporation, if borough exists, candidate must be the resident of same borough for which she will apply.
3. Should be a married, divorced or widowed woman
4. Minimum qualification should be Higher Secondary (10+2) or equivalent exam passed
5. Birth Certificate/Admit Card or Certificate of Madhyamik or equivalent examination mentioning date of Birth.
6. Caste Certificate issued from the competent authority for (SC/ST).
7. Certificate for Disability from the appropriate authority.
8. Compulsory Mark sheet & Certificates of Secondary, Higher Secondary, Graduation.
9. Photocopy of all supportive documents should be clearly visible & self attested.
10. Upper age limit & reservation of posts are as per Government norms. Upper age limit as on the date of 01.10.2016.
11. Envelop should be superscripted with "**Application for the ANM Training Course (2 Years) under NUHM .....**"
12. Application received after due date for any postal delay will not be considered.
13. All communication will be available only at [www.swasthaykathanadia.org](http://www.swasthaykathanadia.org), [www.nadia.nic.in](http://www.nadia.nic.in) & [www.wbhealth.gov.in](http://www.wbhealth.gov.in) time to time.
14. Candidates not full filling the above mentioned criteria may be liable to cancellation of their candidature.

**Availability of Seats for ANM Training Course (2 Years) at Nadia District under NUHM, ULBs wise**

Name of ULBs	UR	SC	ST	Total
Chakdaha Municipality	2	1	0	3
Gayeshpur Municipality	1	1	0	2
Haringhata Municipality	0	1	0	1
Kalyani Municipality	1	1	0	2
Krishnagar Municipality	1	1	0	2
Nabadwip Municipality	1	1	0	2
Ranaghat Municipality	1	1	0	2
Shantipur Municipality	3	1	1	5
<b>Total</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>19</b>

  
**Secretary, DH&FWS & CMOH**  
**Nadia**



  
14-12-16

**Application for Admission to the ANM Training Course under NUHM**

**(Application for: ..... UPHC)**

To  
The Chief Medical Officer of Health,  
Nadia District

Enrolment No.....  
(To be filled by the receiving institution)



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 bellow;

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 01.10.2016) :
9. Education Qualification :
10. Details of Higher Secondary or Equivalent Examination :

*Zakir Hussain*  
15/12/16

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

11. Whether belong to SC/ST/OBC(A)/OBC(B) Category : Yes / No [Please (✓) whether applicable] (If yes, detailed statement and documents in support of the statement)
12. Whether Physically Handicapped / Not : Yes / No [Please (✓) whether applicable] (If yes, detailed statement and documents in support of the statement)
13. Marital Status (Strike out which are not applicable) : Married / Widow / Divorcee

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 & speak in Bengali / Nepali.

Yours faithfully,

Signature of the Applicant

Date:

Place:

*Debarun*  
15/16/12

Sl. No.	Name of ULBs	UPHC No.	Name of UPHCs
1	Chakdaha	1	Sakuntala, Ward No. 20
		2	Malobika, Ward No. 12
2	Gayeshpur	1	Ward No. 15
3	Haringhata	1	Ward No. 02
4	Kalyani	1	Rabindranath Colony, Ward No. 01
		2	Kanthaltala, Ward No. 04
5	Krishnagar	1	Chashapara, Ward No. 20
		2	Chowdhurypara, Ward No. 12
		3	Shaktinagar, Ward No. 10
6	Nabadwip	1	Prachinmayapur, South, Ward No. 07
		2	Alania Shibtala, Ward No. 17
		3	Kolerdanga Road, Ward No. 19
7	Ranaghat	1	Town Outdoor, Ward No. 09
		2	Nasra, Ward No. 18
8	Shantipur	1	Dr. B.C. Roy Road, Ward No. 17
		2	Munsipara, Ward No. 21
		3	Panchanantala Lane, Ward No. 13