

Government of West Bengal
Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity
Purba Bardhaman

Memo No.: 317/DH&FWS/II-4/E

Dated Purba Bardhaman, the 13th October, 2026

Recruitment Notice

Contractual Engagement of Community Health Assistant-Urban under NUHM

As per order of Mission Director, NHM & Secretary, H&FW Department, Govt. of W.B. vide memo no. HFW-27011/349/2026/3025 dated 29/09/2026 and as per approval of District Level Selection Committee, DH&FWS, Purba Bardhaman, the recruitment process of **Community Health Assistant-Urban** under NUHM vide **recruitment notice no. 1028/DH&FWS/II-4/E dated 8th December, 2025** has been cancelled.

Now as per order as mentioned above and as per approval of District Level Selection Committee, and in reference to the letter of Mission Director, NHM & Executive Director, WBSH&FW Samiti, vide memo no. HFW-27038/57/2018/321(28) dated 05/05/2022, DH&FWS, Purba Bardhaman and Office of the CMOH & DH&FWS, Purba Bardhaman is inviting Applications for engagement (**on contractual basis**) of **Community Health Assistant-Urban** for Urban Primary Health Center (UPHC) at Kalna, Katwa, & Burdwan ULB (Municipality) under NUHM as follows:

Name of the post	ANM (Community Health Assistant-Urban)-NUHM
Number of post & Category	Total 37 [UR-10, UR(EC)-5, UR(Pw BD)-1, UR(Meritorious Sportsperson)-1, EWS-3, EWS(EC)-1, OBC-1, OBC(E.C)-1, SC-8, SC(EC)-3, ST-2, ST(EC)-1]
Place of posting	U-HWC of Kalna, Katwa & Burdwan ULB (Municipality)
Remuneration	Rs. 13,000/- per month Consolidated
Age as on 1st January 2026	Minimum 21 Years & Maximum 40 years
Scale of Scoring:	Percentage of Marks obtained in the ANM or GNM examination
Essential Criteria	Must have passed ANM course from an Institute recognised by the Indian Nursing council and be registered with the West Bengal Nursing Council. Should be proficient in Bengali and permanent resident of Purba Bardhaman OR Must have passed GNM course from an Institute recognised by the Indian Nursing council and be registered with the West Bengal Nursing Council. Should be proficient in Bengali and permanent resident of Purba Bardhaman
General Information	Following documents (self-attested) needs to be submitted alongwith the attached application format . 1) Photo proof identity card (passport or Voter ID card or AADHAAR card or Pan card) 2) Proof regarding permanent residential status of the District applied for, which should be duly attested by a Gazette Officer or Group "A" Officer of the State Government (Voter ID card/Ration card) 3) The age proof certificate like admit card/ School leaving certificate issued by West Bengal Board of Secondary Education or similar board. 4) Caste Category certificate (if any) . 5) Marksheets and passed certificate of Madhyamik and ANM/GNM examination 6) Self attested copy of the ANM/GNM Registration Certificate



An application fee of Rs. 100/- (Rs.50/- for reserved categories) will be deposited to the Bank through NEFT in favor of DISTRICT HEALTH AND FAMILY WELFARE SAMITY (NON-NHM) Bank A/C No-0187132000008, IFSC- CNRB0000187. Bank deposit copy (with UTR no.) will have to be submitted with application form.

General Information for the Applicants/Candidates:

- i) The applicant must be a permanent resident of Purba Bardhaman. Proof regarding permanent residential status of the District (Voter ID card/Ration card), should be duly attested by a Gazette Officer or Group "A" Officer of the State Government.
- ii) The applicant must have knowledge of local languages (should be able to read, write and speak in Bengali).
- iii) Non submission of Application fees, that application shall be liable to be cancelled.
- iv) Age relaxation will be given for the reserved candidates as per existing norms of the State Government.
- v) Application forms not properly filled in or incomplete Application forms are liable to be cancelled. If the application details submitted by the applicant, differ with the original testimonials, that application shall be liable to be cancelled.
- vi) The Essential Criteria mentioned are the minimum and mere possession of the same does not entitle the candidate to claim selection. All the essential academic qualification must be completed on or before the last date of application.
- vii) Selection will be made on the basis of Percentage of Marks obtained in the ANM or GNM examination.
- viii) All marks must be calculated excluding marks of Additional Subject. No rounding off of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
- ix) The above-mentioned posts are purely contractual in nature with initial period up to March'2027 and it may be renewed for further period depending on satisfactory performance and approval of higher authority.
- x) The decision of the competent authorities regarding the recruitment is final.
- xi) The competent authorities may cancel the recruitment process at any stage of the selection process.

**LAST DATE OF SUBMISSION OF APPLICATION THROUGH SPEED
POST/REGISTERED POST/COURIER/BY HAND IS ON 13.11.2026 upto 5 pm**

Correspondence Address:-

Office of the Chief Medical Officer of Health
District Health & Family Welfare Samity, 1st Floor
Khosbagan, Shyamsayer East
Near Harisabha Hindu Girls School
Purba Bardhaman
Pin – 713101, West Bengal


**Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman**

Memo No.:-317/1(2)/DH&FWS/II-4/E

Dated Purba Bardhaman, the 13th October, 2026

Copy forwarded for information and taking necessary action to the:-

- 1) DIO, NIC, Burdwan with a requested to publish the Engagement notice in the website www.purbabardhaman.gov.in.
- 2) System Coordinator, IT Cell, Dept. of Health & Family Welfare, Swasthya Bhawan, Kolkata with a requested to publish the Engagement notice in the website www.wbhealth.gov.in.


Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman


13.10.26

Memo No.:-317/2(50)/DH&FWS/II-4/E

Dated Purba Bardhaman, the 13th October, 2026

Copy forwarded for information to the:-

1. The Mission Director, NHM, Swasthya Bhavan, Kolkata
2. The Executive Director, WBSHFWS
3. The District Magistrate, Purba Bardhaman
4. The AMD (NHM) Swasthya Bhavan, Kolkata
5. The PO NHM-II, Swasthya Bhavan, Kolkata
6. The Addl District Magistrate(Health), Purba Bardhaman
7. The MSVP, BMCH, Purba Bardhaman
8. The SDO All Sub division. Purba Bardhaman
9. The O/C Health, Purba Bardhaman
10. The Dy.CMOH-I/II/III/IV/ DMCHO, Purba Bardhaman
11. The DTO & ACMOH all, Purba Bardhaman
12. The BDOs, All Blocks, Purba Bardhaman
13. The Health Officers, Kalna, Katwa, & Burdwan ULB (Municipality) of Purba Bardhaman
14. The BMOHs, All BPHC, Purba Bardhaman
15. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
16. The HR Cell, DH&FWS, Purba Bardhaman


Chief Medical Officer of Health & Secretary
DH&FWS, Purba Bardhaman


13.10.26

**APPLICATION FORMAT FOR THE POST OF NUHM
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY)**

[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

2. Guardian's Name:

Space for pasting recent
passport size photograph
duly signed by the
candidate

3. (a) Date of Birth according to Madhyamik
or equivalent examination certificate

: _____

(b) Age as on 1.1.2026

: _____

4. (a)(i) Caste Category (UR/SC/ST/EWS/
OBC_{de} of WB

: _____

(ii) Designation of issuing authority of the
Caste Certificate (If any)

: _____

(b) Physically handicapped (Yes/No)

: _____

5. Corresponding address (in Capital letters) to which :

Communication should be sent (mentioning

Post Office, Sub-division, District, Pin Code)

6. Permanent address (in Capital letters)

: _____

7. Contact No.

: _____

8. E-mail ID

: _____

9. Whether citizen of India (Yes & No)
(By Birth/ Registration)

: _____

10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the Board /University /Institute	Full Marks	Marks obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of passing

11. Professional / Others Qualifications or Specialisation:

Name of the Exam. Passed	Name of the Board /University /Institute	Registration Number	Full Marks	Marks obtained	% of Marks	Year of passing

DECLARATION

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date :

Place :

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Signature of the Candidate