

District Health & Family Welfare Samity Nadia

Office of the Chief Medical Officer of Health Nadia

5, D.L.Roy Road, P.O. - Krishnagar, Dist. - Nadia, Pin- 741 101

Memo No: 3872

Date: 10.06.15


Applications are invited for filling up the post of 2 no of Block ASHA Facilitator in each block excluding Nakashiapara Block under NHM on purely contractual basis. For details of advertisement, please visit www.wbhealth.gov.in, www.swasthyakathanadia.org & www.nadia.nic.in. Application with relevant documents must reach to the concerned SDO office on 26.06.15 by 5 pm by registered post or by hand.

Selection Criteria

- a) Master degree in Social Science/Sociology/Social Anthropology/Social Work (MSW)/Business Administration (MBA)/Economics/Rural Development/Mass Communication OR Graduate degree in any discipline with minimum 2 years experience in health projects.
- b) Preference will be given to the candidates having working experience in ASHA programme.
- c) Knowledge in MS Office & Internet.
- d) Ability to communicate effectively.
- e) Ability to work hard.
- f) Willing to travel extensively.
- g) Should be a resident of the same Sub-Division where he/she is applying.
- h) Age should not exceed 40 years as on 01.01.14. Upper age relaxation will be 5 years for SC/ST and 3 years for OBC.
- i) Reservation rule will be applicable.
- j) 'Person with disability' & 'Ex-Serviceman' category will not be entertained for application of the post.

Documents to be submitted

- a) Self attested photocopy of the proof of residence (Voter Identity Card/Ration Card).
- b) Self attested photocopies of mark sheets of Higher Secondary or equivalent, Graduation & Master's degree, as applicable.
- c) Self attested photocopy of age proof of the candidate.
- d) Self attested photocopy of caste certificate, as applicable.
- e) Self attested photocopy of experience certificate, as applicable. Appointment letter/Offer letter will not be accepted as experience certificate.
- f) Self attested photocopy of Certificate for Disability from the Appropriate Authority as applicable.
- g) Self attested passport size recent colour photo to be affix with application form.
- h) A self addressed envelope with a postal stamp of Rs.5.00 (Rupees Five only).


CMOH & Secretary, DH&FWS
Nadia S. Bairageya

Application proforma for Block ASHA Facilitator

To
The Sub Divisional Officer,
_____ Sub Division, Nadia.

Affix recent
colour
passport size
photo

1. Name of applicant (in Block letters) : _____
2. Father's/Guardian name: _____
3. Complete postal address: _____
_____ Pin _____
4. Contact no _____
5. Date of birth & age as on 01.01.14: _____ (DD/MM/YY)
6. Sex : _____
7. Cast: _____
8. Whether Physically Handicapped: _____

9. Education Qualification:

Sl No	Name of exam passed	Year of passing	Total marks	Marks obtained (excluding additional marks)	Percentage of Marks (excluding additional marks)
01	Higher Secondary				
02	Graduation				
03	Masters' Degree				

10. Knowledge of Computer (MS office & Internet): _____ (Yes/No)

11. Experience details: _____


Declaration

I do hereby declare that the particulars furnished above are correct & best of my knowledge. I must produce all relevant documents (original or photocopies in self attested) issued from the appropriate authority, whenever needed. In case, in any time, if any of the above information/particulars are found incorrect, my candidature will be cancelled by the Authority and I shall be penalized for such actions.

Date :

Place :

Signature of the applicant


NODAL OFFICER OF
ASHA PROGRAM