

DISTRICT HEALTH & FAMILY WELFARE SAMITI PURBA MEDINIPUR DISTRICT
Tamluk, Purba Medinipur, PIN – 721636

Memo No. DH&FWS/MID-E /2217/2019 - 20

Date : 30.12.2019

ENGAGEMENT NOTICE

Applications are invited from eligible candidates for engagement to the post of Block ASHA Facilitator (on contractual) to be posted at different Blocks of Purba Medinipur District. Details are given in the table below:-

Name of Sub-Division	Names of Block	No. of Post	Reservation of Post	Selection Criteria	Monthly Remuneration
Tamluk	Kolaghat	1	ST	Master's 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	Rs.7500.00 / month. In addition, he/she will be eligible for a monthly mobility support of Rs.1500.00
Haldia	Haldia	1	ST		
Egra	Egra-I	1	UR		
	Patashpur-II	1	ST		

The posts are purely contractual in nature with initial period up to 31.03.2020. Renewable based on budgetary sanction and performance. The selection will be based on merit (academic result) and experience in health projects along with written test, Computer skill test.

Desiring candidates may submit their applications in the attached **prescribed format only** along with **attested (self) photocopies of all testimonials** as follows:

1. Proof of residence (Voters Identity card / Ration Card)
2. Mark Sheets of Higher Secondary or Equivalent, Graduation and Master's degree, as applicable
3. Age proof of the candidate (Birth certificate from competent Authority / Madhyamik or equivalent Examination Admit Card)
4. Documents related to experience in Health Projects, as applicable (Certificates specifying that the candidate has worked as volunteer e.g. in pulse polio, social work, leprosy etc will not be considered as experience in Health related project.)

Name of the Post applied for should be superscripted in the capital letters on the top of the envelope "Application for the post of Block ASHA Facilitator" Applications should be submitted by post or drop applications personally in the specified boxes placed at the concerned office of the SDO **within 17.01.2020, 05.00 P.M. positively.**

Correspondence Address for Submission of Application: (Applicants must submit application at the respective office of the SDO, where he/she permanently resides)

Tamluk Sub Division : Sub-Divisional Officer, Tamluk Sub Division, P.O. – Tamluk, Dist. – Purba Medinipur, Pin – 721636

Haldia Sub Division : Sub-Divisional Officer, Haldia Sub Division, P.O. – Haldia. Dist. – Purba Medinipur, Pin - 721604

Egra Sub Division : Sub-Divisional Officer, Egra Sub Division, P.O. – Egra, Dist. – Purba Medinipur, Pin - 721429

Admit card to be issued to the eligible candidates through ordinary post. It will be also downloadable from www.purbamedinipur.gov.in and list of eligible candidates will also be published there after scrutiny. The Authority reserve the right to postpone or Cancel the process in any point of time on administrative ground etc.


CMOH & Secretary
District Health & Family Welfare Samiti
Purba Medinipur

Application Format for Block ASHA Facilitator

(To be filled in by the candidate in BLOCK LETTER)

Applied For _____ Sub-Division

Name of the Block applied for :

1. Name of the Candidate :
2. Father's / Husband's Name :
3. Date of Birth :
4. As on 01.01.2019 :
5. Sex (Male/Female) :
6. Cast Status
(General/SC/ST/OBC-A/OBC-B) :
7. Mobile Number :
8. E-mail I.D. :
9. Address :

Self-Attested
Passport Size
Photograph

Village/ Town : P.O. :

Sub Division : P.S. :

District : Pin :

10. Academic Qualification :

Examination	Board/University	Year of Passing	Subject	Full Marks	Marks obtained	% of Marks
Higher Secondary						
Graduation						
Post Graduation						

11. Work Experience in Health Project :

Name of Project	Project Activities	Name of Post in Project (Designation)	Organization Conducting the Project	From (DD/MM/YY)	To (DD/MM/YY)	Duration of Work	Remarks

12. Computer Knowledge (Yes/No) :
(MS Office & Internet)

I do here by declare that the above information as submitted by me are true to the best of my knowledge and belief.

Date :

Place :

Signature of the Applicant