

GOVERNMENT OF WEST BENGAL  
DIRECTORATE OF HEALTH SERVICES  
NURSING BRANCH

SWASTHYA BHAWAN, GN-29  
SECTOR-V, SALT LAKE CITY, KOLKATA-700091

Memo No. HNG/HNG/SC-9-2011/Post I / 1344

Dated: 31/10/13

**CIRCULAR**

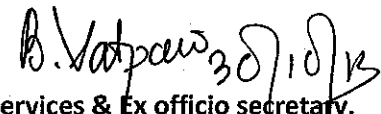
Applications are invited from the eligible nursing personnel of WBNS Cadre for undergoing Post Basic Diploma course in "Cardiothoracic Nursing" for the academic Session January 2014 to December 2014 at the Govt. College of Nursing, NRS MCH, Kol-14. The eligible & willing nursing personnel under this Directorate, subject to fulfillment of following terms and conditions, are hereby intimated to submit their applications in the prescribed format to the given address stated hereunder by 19/11/2013 by hand preferably.

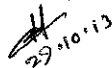
Number of Seats : 15(Fifteen)

**Following Criteria are to be followed:**

- G. Service seniority will be the criteria for accepting and forwarding the application.
- H. Duration of Course : One academic year(January to December).
- I. Eligibility
- Registered Nurse (RN & RM) Possessing GNM Qualification and have working experience as Staff Nurse Gr.II, WBNS Cadre.
  - Three years regular, continuous & Satisfactory Government Service in the field of nursing.
  - Application should be submitted through proper channel.
- J. Terms and Condition :
- Application will not be considered if regularization of leave and Deptt. proceedings are lying pending.
  - No promotion after completion of the Training to be entertained.
  - The concerned Nursing staff will be posted at any C.T.V.S unit of West Bengal as and when required in the interest of public service.
  - Selected candidates will have to execute a bond to the effect that she should serve the Govt. for a period of 3 (Three) years after the completion of the said training. Bond to be submitted to the releasing authority with a copy to the undersigned.
- K. Age : Not more than 53(fifty three) years as on 01.01.14.
- L. Address for communication :
- Dy. Director of Health Services (Nursing), Wing-A, 1<sup>st</sup> Floor, GN-29, Sector-V, Swasthya Bhavan, Salt Lake, Kolkata-91.

Circular is available in the Notice section of the website of Health & Family welfare, W.B. Website No. [www.wbhealth.gov.in](http://www.wbhealth.gov.in)

  
Director of Health Services & Ex officio secretary,  
West Bengal.

  
29/10/13

Memo No. HNG/9C-9-2011/Pow. I | 1344/1(5)

Dated: 31/10/13

Copy forwarded for information & necessary action to :

- 1) The Principal/ Director/ M.S.V.P./Surgeon Superintendent/ Medical Superintendent/Superintendent.

\_\_\_\_\_ He / She is requested to circulate it among the Nursing Personnel of his/her institution.

- 2) The Chief Medical Officer of Health \_\_\_\_\_

He / She is requested to circulate it to all B.P.H.C./PHC/Hospitals/Clinics etc. under his/her Control.

- 3) The Block Medical Officer of Health \_\_\_\_\_

- 4) The Nursing Superintendent/D.P.H.N.O \_\_\_\_\_

She is requested to wall up the Circular on the board of institution.

- 5) Guard file.

*for* *B. Chel* 30/10/13  
Dy. Director of Health Services  
(Nursing), West Bengal  
29/10/13

**FORMAT FOR APPLICATION FOR POST BASIC DIPLOMA COURSE IN CARDIOTHORACIC  
NURSING TRAINING PROGRAMME, 2014**

**(Incomplete application will not be entertained)**

1. Full Name (In Block Letters) \_\_\_\_\_
2. Designation with Grade \_\_\_\_\_
3. Father's / Husband's Name \_\_\_\_\_
4. Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth (Attested photocopy of document to be enclosed) \_\_\_\_\_
6. Age as on 01.01.2014 \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Present place of Posting \_\_\_\_\_
9. Marital Status \_\_\_\_\_
10. Caste: SC/ST/OBC (Attach attested photocopy of certificate) \_\_\_\_\_
11. Qualification ( Attested photocopy of documents to be enclosed)
  - c) Educational: \_\_\_\_\_
  - d) Professional Qualification (with year of passing & month)  
\_\_\_\_\_
12. Registration No. of W. Bengal State Nursing Council & Year \_\_\_\_\_
13. Date of Appointment in Govt. Service as Gr.II \_\_\_\_\_
14. Date of confirmation in the Govt. Service (if done) \_\_\_\_\_
15. Whether any unauthorized leave/Deptt. proceeding/Court case lying pending (A Certificate is to be furnished by the authority concerned)

**Signature of the applicant**

**Date:**

**Phone No.**

**Certificate of the local authority:** Information and particulars furnished above are verified from  
Her Service Book & found correct.

**Signature of the local authority**

**Date & seal**

