

**GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
NURSING BRANCH
SWASTHYA BHAWAN (1ST FLOOR) WING-A
GN-29, SECTOR-V, SALT LAKE CITY
KOLKATA-700091**

Memo No.HNG/6M-13-2010/ 58

Date: 2/1/14

CIRCULAR

Applications are invited from the B.Sc(Nursing) qualified personnel belong to Gr.I(ii) of W.B.N.S. Cadre for undergoing **Nurse Practitioner in Midwifery (Post Basic Diploma) course** for the academic session 2014. The course will be conducted by the **College of Nursing , Medical College and Hospital, Kolkata**. Eligible and willing nursing personnel under this Directorate are hereby intimated to submit their applications in the prescribed Format enclosed herewith. Duly filled in applications addressed to D.D.H.S.(Nursing) should be submitted by the **7th February, 2014 (preferably by hand)**.

Application format is linked herewith for communication and submission properly.

Selection will be made on the basis of marks obtained in HS or equivalent, GNM, B.Sc (Nursing), Service Experience and interview.

Number of seats : **15 (Fifteen)**

Following Criteria are to be followed:

A. Duration of Course : One academic year.

B. Eligibility :

- i) Registered Nurse & Midwife of WBNS Cadre possessing B.Sc (Nursing) degree acquired from College of Nursing recognized by Indian Nursing Council and West Bengal Nursing Council
- ii) **Three (3) years regular**, continuous and satisfactory Government Service in the field of nursing.

C. Terms and Condition:

- i) Application will not be considered if regularization of leave or Deptt. Proceedings or Court case are lying pending.
- ii) The concerned Nursing Staff will be posted at PHC/BPHC/RH in remote rural areas of West Bengal as and when required in the interest of public service. No choice for place of posting will be entertained on any ground whatsoever.
- iii) 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.

D. Age: Not more than 42 (Forty Two) years as on 01.01.2014.

E. Address for communication:

Dy. Director of Health Services (Nursing), Wing-A, 1st Floor, GN-29, Sector-V, Swasthya Bhawan, Salt Lake City, Kolkata-700091.


Director of Health Service & Ex Officio Secretary,
West Bengal

Memo No.HNG/6M-13-2010/ 58/1(5)

Date: 21/1/14

Copy forwarded for information & necessary action to:

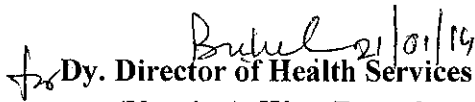
1) The Principal/Director/M.S.V.P./Surgeon Superintendent/Medical Superintendent/Superintendent, _____ He/She is requested to circulate it among the Nursing Personnel of his/her institution.

2) The Chief Medical Officer of Health, _____ He/ She is requested to circulate it to all B.P.H.C./P.H.C./Hospitals/Clinics etc. under his/her control.

3) The Block Medical Officer of Health _____

4. The Nursing Superintendent, _____ She is requested to wall up the Circulation on the board of institution.

5) Gourd file.


Dy. Director of Health Services
(Nursing), West Bengal

**BIO-DATA/FORMAT FOR APPLICATION FOR TRAINEE RESERVE FOR NURSE
PRACTITIONER IN MIDWIFERY (POST BASIC DIPLOMA)
COURSE, 2 014**

(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. Caste: S.C/S.T/OBC (Attested photocopy of document to be enclosed).....
10. Qualification (Attested photocopy of document to be enclosed)
 - a.) Educational:
 - b.) Professional Qualification(with Year of passing & month)
 - i) G.N.M.
 - ii) B.Sc. Nursing(Basic/Post Basic)
11. Registration No. of State Council & Year (Attested photocopy of document to be enclosed).....
12. Date of Appointment or Promotion as Gr.I(ii):
13. Details of Service since appointment :- From To Name of the Institution with Designation (to be given in separate sheet)
14. Total Length of Service.....
15. Date of Confirmation in Govt. Service (if done).....
16. Whether any unauthorized leave/Deptt. proceeding/Court case lying pending (A certificate is to be furnished by the authority concerned).....
17. Name of the Course and Session in which admission is sought for.....
18. Declaration of the incumbent: The particulars mentioned above by me are true.

Self Signed
Photo

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

