

Government of West Bengal Office of the Sub-Divisional Officer Raghunathpur, Purulia

NOTICE

Notice is hereby given that in terms of Memo No: HFW/NRHM/272/2010/875 dated 26.02.2014, Memo No: HFW/NRHM/272/2010/Pt./6689 dated 22.12.2014, HFW/NRHM/272/2010 Pt I/ 1379 dated 22.04.2015 and HFW/NRHM/272/2010/ Pt- I/ 2481 dated 11.08.2015, Block ASHA Facilitators will be engaged contractually in 1(one) Block under Raghunathpur Sub-Division .

Applications are invited from interested persons <u>from bonafide resident of Raghunathpur Sub-Division</u> for selection and placement as Block ASHA Facilitators against the abovementioned.

Total Number of Vacancy-1(One)

Name of Sub-Division	Names of Block	No. of Block ASHA Facilitators to be Engaged	Selection Criteria	Monthly Remuneration
			Master's Degree in Social Science/ Sociology /Social Anthropology /Social Work (MSW)/ Business Administration (MBA) /Economics /Rural Development / Mass Communication	
Raghunathpur	Santuri (Schedule Tribe-1)	01	Graduate Degree in any discipline with minimum 2 years' experience in health projects Preference will be given to candidates having working experience in ASHA programme Knowledge in MS Office & Internet Ability to communicate effectively Ability to work hard Willing to travel extensively Should be a resident of Raghunathpur Sub- Division, Purulia Age should not exceed 40 years as on 01.01.2017. The upper age relaxation will be 5 years for ST.	Rs. 7500.00 per month and Monthly Mobility Support of Rs. 1500.00

General Conditions:

 Reservation of Posts: Posts are reserved for different categories as follows: (in terms of Memo No.1198 Dt.08.09.2016 of CMOH & Secretary, DH & FWS): Schedule Tribe-1.

2. Documents to be submitted / shown mandatorily by the applicant:

- a. Attested photocopy of the proof of residence (Voters Identity Card/ Ration Card). Additional residential proof in the form of residential certificate from Block/Municipality in desired. Candidature may be cancelled at any point of time if on enquiry he/She is found not to be a resident of the Sub-Division as desired.
- Attested photocopies of mark sheets of Higher Secondary or Equivalent, Graduation, and Master's degree, as applicable.
- c. Attested photocopy of age proof of the candidate.

3. Other Documents to submitted by the applicant:

- a. Attested photocopy of working experience certificate, if any. (Please note that Continuous Engagement in a health-related project with an assigned designation, during the entire tenure furnished as experience, will only be considered as experience in health project; no certificate specifying that the candidate has worked as volunteer, e.g. in Pulse Polio, Social Work, Leprosy etc. will be considered as experience in health-related projects)
- b. Attested photocopy of additional qualifications, if any

4. Selection Process:

a. The selection will be done by selection Committee, based on merit (academic result) and experience in health projects along with a Written test & Computer skill test.

5. Job Responsibilities of Block ASHA Facilitator will include:

- a. Facilitating the process of ASHA selection (for filling up vacant position).
- b. Facilitating ASHA engagement as per approved list-based on the implementation process
- c. Facilitating the checking of ASHA monthly reports at all levels within the Block
- d. Ensuring that the ASHA monthly reports are error free and don't reflect over reporting and/or under reporting
- e. Facilitating timely compilation of ASHA monthly reports into block monthly report of ASHA performance
- f. Ensuring that the block monthly report of ASHA [performance is analysed by the BMOH, BPHN and PHN and shared during the Block MIS meeting.
- g. Facilitating timely submission of the Block Monthly reports related to the ASHA programme to the District ASHA Facilitator, DPC and Dy. CMOH-III
- h. Maintaining relevant ASHA related MIS at block level
- i. Supporting the Block Accounts Manager in all activities related to ASHA incentive and fund flow
- j. Sharing new circulars and guidelines with all programme stakeholders at the Block level
- k. Ensuring timely distribution of all ASHA related materials within the block
- 1. Liaisoning with the BPHN / PHN, GP Health Supervisors and ANMs
- m. Undertaking field visits at regular intervals-not less than twelve visits per month
- n. Performing any other programme related activity as directed by the State, District and Block.

6. Process of Application:-

- Application should be made in prescribed format and should be downloaded from www.purulia.gov.in
- ii) Application should be in a closed/sealed envelope, superscibed "APPLICATION FOR THE POST OF BLOCK ASHA FACILITATOR FOR RAGHUNATHPUR SUB-DIVISION".
- iii) Attested photocopies of documents/testimonials in respect of all Educational Qualification, Technical Knowledge and photo copy of Caste certificate (S.T) must be submitted along with the application form.
- iv) Sealed/closed envelope containing Application will have to be submitted in the drop box kept at the Office of the Sub-Divisional Officer, Raghunathpur, or sent by post/courier so as to reach the Sub-Divisional

Office,Raghunathpur, Purulia within 05-01-2018 by 4:30 P.M. positively. Application submitted in any other communication channel will be rejected. Incomplete application or application with defect or without requisite enclosure or reached after stipulated date and time will also be summarily rejected without any intimation to the applicant.

v) Last date and time of receiving Application are 05-01-2018 up to 4:30 P.M.

vi) Applications made by the candidates will be verified and screened and any application which does not fulfill any of the criteria mentioned above will be rejected without intimation to the candidates. The candidates whose applications have not been rejected will be called to appear for a Written Test and a Computer Skill Test. The names of these candidates and the date(s) of Written Test and Computer Skill Test will be published on this office notice board and on the websites www.purulia.gov.in in due course. Absence in any of the Tests shall lead to the candidature being cancelled.

vii) Based on the scores obtained by the candidates as per academic qualification, academic result, work experience in health projects, Written Test and Computer Skill Test, a sub-division wise of panel of candidates will be prepared at

the ratio of 1:3 for each eligible vacancy.

The Authority reserve the right to postpone or Cancell the process in any point of time on administrative ground etc.

NB: Applications completed in all respect received in response to our office Memo No. 1809/11/SDO(R) dated 12.10.17 will remain in force and the applicants who have already submitted their application completed in all respect in response to above memo need not to apply again.

Sub-Divisional Officer, 20 (12)

Date

20-12-2017

Memo No. 241 (23) | 500 (R) C

Copy forwarded for kind information and with request to arrange for wide publicity to:

- 1. To The Chairperson Selection Committee & MIC-Purulia.
- 2. The Chief Medical Officer of Health, Purulia.
- 3-8. The Block Development Officer, Santuri, Neturia, Para, Kashipur, Raghunath pur-1, Raghunath pur-II- under Raghunath pur Sub-division.
- 9-15. The Block Medical Officer of Health, Santuri, Neturia, Para, Kashipur, Raghunathpur-1, Raghunathpur-II under Raghunathpur Sub-division.
 - 16. The District Programme Officer, ICDS, Purulia.
 - 17. The DPHNO, Purulia.
 - The ADIO, NIC, Purulia with a request to upload this notice along with application format in www.purulia.gov.in.
 - 19. The District Information and Cultural Officer, Purulia.
 - CA to the District Magistrate, Purulia.
 - 21. PA to the Additional District Magistrate(Gen), Purulia.
 - 22. CA to the Additional District Magistrate(Dev), Purulia.
 - 23. CA to the Additional Executive Officer, Purulia Zilla Parishad.

nal Officer,

Sub-Divisional Officer, Raghunathpur

APPLICATION FORM FOR "BLOCK ASHA FACILITATOR" for Raghunathpur Sub-Division

Please fill-up the application in	CAPITAL LETTTERS in O	WN HAND WRITING with	Black/Blue Ball point pen
tense in up the apparention in	CIRCLETAND RIGHT A FEBRUARY IN C	TITLE TITLE TO THE PARTY OF THE PERTY OF THE	Bitter Bitte Built point pen

of	Nan	ne of the Candidate:							Paste one p	assport
Γ	TI						TTT		size rec	
2.	Fath	ner's Name:							photograph	_
F	TI		TIT			TTTT	TIT		by the can	didate
_	Hue	band's Name:								
,. _	Tius	South Sivanic.			1111			\neg L		
L		(4 01 01 2017)	Vacati	Month:-			D			
1.		e (As on 01.01.2017) ' e of Birth:-	rear.	Month:-	•		Day:-			
5.		* · * · · · · · · · · · · · · · · · · ·			F 1 -					
5.		ider: (tick ✓)			Female]			
7	Pre	sent Address/ Postal	Address:-			1 1 1				
								1		
L										
L										
3.	Per	manent Address (Ple	ease mentio	n Name of Blo	ock):					
-										
).	Whe	ether age relaxation is	needed or r	not?	Yes	No	11			
٥			ST [\neg						
			31							
1.	Tele	ephone/ Mobile No.:								
				1 1 1	1 1 1	1				
	0 123	oil ID	<u></u>	1 1 1						
3.	Nati Reli	ionality:								
2. 3. 4. 5.	Nati Reli Edu SI.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mai
12. 13. 14.	Nati Reli Edu SI. No.	ionality: gion: cational Qualification	1:-	Board/C	Council/	Total M	arks		Class %	of Mai
.2. 3. 4.	Reli Edu Sl. No.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mar
.2. 3. 4.	Nati Reli Edu Sl. No.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mai
.2. 3. 4.	Reli Edu Sl. No. 1. 2.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mai
.2. 3. 4.	Reli Edu Sl. No. 1. 2. 3.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mai
.2. 3. 4.	Reli Edu Sl. No. 1. 2.	gion: cational Qualification Examination	Year of	Board/C	Council/	Total M	arks		Class %	of Mar
2. 13. 14. 15.	Nati Reli Edu Sl. No. 1. 2. 3. 4. 5.	gion: cational Qualification Examination	Year of Passing	Board/C	Council/	Total M	arks		Class %	of Mar
.2. [4. [5.]	Nati Reli Edu Sl. No. 1. 2. 3. 4. 5. Kno	gion: cational Qualification Examination Passed owledge of Computer:	Year of Passing	Board/C Unive	Council/ ersity	Total M Obtain	arks ned	Division/ C	Division/	0/0
.2. [4. [5.]	Nati Reli Edu Sl. No. 1. 2. 3. 4. 5. Kno Sl. No.	ionality: gion: cational Qualification Examination Passed	Year of Passing	Board/C	Council/ ersity	Total M	arks ned	Division/ C		of Mar
2. 3. 4.	Reli Edu Sl. No. 1. 2. 3.	gion: cational Qu	ualification	ualification:-	ualification:- ination Year of Board/0	ualification:- ination Year of Board/Council/	ualification:- ination Year of Board/Council/ Total M	ualification:- ination Year of Board/Council/ Total Marks	ination Year of Board/Council/ Total Marks Division/	nalification:- ination Year of Board/Council/ Total Marks Division/ Class %
	Natir Relii Reliii Relii Relii Relii Relii Reliii Relii Relii Relii Relii Reli	gion: cational Qualification Examination Passed owledge of Computer:	Year of Passing	Board/C Unive	Council/ ersity	Total M Obtain	arks ned	Division/ C	Division/	9/0
2. 3. 4. 5.	Nati Reli Edu Sl. No. 1. 2. 3. 4. 5. Kno Sl. No.	gion: cational Qualification Examination Passed owledge of Computer:	Year of Passing	Board/C Unive	Council/ ersity	Total M Obtain	arks ned	Division/ C	Division/	9/0
2. 3. 4. 5.	Natir Relii Reliii Relii Relii Relii Relii Reliii Relii Relii Relii Relii Reli	gion: cational Qualification Examination Passed owledge of Computer:	Year of Passing	Board/C Unive	Council/ ersity	Total M Obtain	arks ned	Division/ C	Division/	9/6
2. 3. 4. 5. 6. 6.	Natir Relii Edu SI. No. 1. 2. 3. 4. 5. Kno. SI. No. 1. 2. 2. 3. 4. 5. 1. 2. 1.	ionality: igion: Examination Passed Degree/ Course	Year of Passing Year of Passing	Board/C Unive	Council/ ersity Institution	Total M Obtain	arks ned	Division/ C	Division/	%
2. 3. 4. 5. 6. 6.	Natir Relii Edu SI. No. 1. 2. 3. 4. 5. Kno. SI. No. 1. 2. 2. 3. 4. 5. 1. 2. 1.	gion: cational Qualification Examination Passed owledge of Computer:	Year of Passing Year of Passing	Board/C Unive	Council/ ersity Institution	Total M Obtain	arks ned	Division/ C	Division/	%
.2. (3. (4. (5. (6.	Nation Reliable Relia	ionality: igion: Examination Passed Degree/ Course	Year of Passing Year of Passing	Board/C Unive	Council/ ersity Institution	Total M Obtain	arks ned	Division/ C	Division/	%
.2. .3. .4. .15.	National Reliation	examination Passed Degree/ Course Decree in health projection Card No.	Year of Passing Year of Passing	Board/C Unive	Council/ ersity Institution	Total M Obtain	arks ned	Division/ C	Division/	%
2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 1	National Reliable Rel	powledge of Computer: Degree/ Course Derience in health projection Card No.	Year of Passing Year of Passing ect, if any-(I	Board/C Unive	Council/ ersity Institution	Total M Obtain	arks ned	Marks Obtained	Division/ Class	% Mai
12. 13. 14. 15.	Natir Relii Edu SI. No. 1. 2. 3. 4. 5. Kno. SI. No. 1. 2. The Ratir Voter Enclose Enclose SI. Exp	powledge of Computer: Degree/ Course Derience in health projection Card No. r's Card (EPIC) No: Desures: Attested copy	Year of Passing Year of Passing ect, if any-(I	Name of the	Council/ersity Institution name of spec	Affiliation cific project:	arks ned under	Marks Obtained	Division/ Class	% Man
12. 13. 14. 15.	Natir Relii Edu SI. No. 1. 2. 3. 4. 5. Kno. SI. No. 1. 2. 2. 2. 2. 2. Exp Ratir Voter Enclo Madh	powledge of Computer: Degree/ Course Degree/ Course Description Card No. r's Card (EPIC) No: Description Capy hyamik or its equivale	Year of Passing Year of Passing ect, if any-(I	Name of the Please mention T's Card (EPIC	Institution In name of spec	Affiliation b) Ration (or its equivale	arks ned Card [ent [],	Marks Obtained	Division/ Class	% Man
.2. .3. .4. .15. .17. .18.	Nation Reliable Relia	powledge of Computer: Degree/ Course Degree/ Course Description Card No. "'s Card (EPIC) No: Description or its equivalentiation or its equivalent	Year of Passing Year of Passing ect, if any-(I of a) Votes ent [], d) Nent [], f) N	Name of the Please mention r's Card (EPIC Marks Sheet of Mark Sheet of	Institution Iname of specific controls and the controls and the controls are controls are controls and the controls are controlled and are controls are controlled are controls are controls are controlled are	Affiliation b) Ration (or its equivale), g) Mark S	arks ned Card [ent [], Sheet of N	Marks Obtained], c) Admi e) Mark She Master's Degr	Division/ Class t Card/ Ceret of Higher ee []	% Mar
2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	Nation Reliable Relia	berience in health projection Card No. "'s Card (EPIC) No: consures: Attested copy hyamik or its equivalentiation or its equivalentiated of Knowled	Year of Passing Year of Passing Year of Passing ect, if any-(I	Name of the Please mention T's Card (EPIC Marks Sheet of Mark Sheet of Cuter [], i) Pro	Institution Institution Institution Madhyamik of Graduation [Dof of Experie	Affiliation Cific project: b) Ration (or its equivale), g) Mark Sence [], j)	arks ned Card [ent [], Sheet of N	Marks Obtained], c) Admi e) Mark She Master's Degr	Division/ Class t Card/ Ceret of Higher ee []	% Mar
2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	Nation Reliable Relia	powledge of Computer: Degree/ Course Degree/ Course Description Card No. "'s Card (EPIC) No: Description or its equivalentiation or its equivalent	Year of Passing Year of Passing Year of Passing ect, if any-(I	Name of the Please mention T's Card (EPIC Marks Sheet of Mark Sheet of Cuter [], i) Pro	Institution Institution Institution Madhyamik of Graduation [Dof of Experie	Affiliation Cific project: b) Ration (or its equivale), g) Mark Sence [], j)	arks ned Card [ent [], Sheet of N	Marks Obtained], c) Admi e) Mark She Master's Degr	Division/ Class t Card/ Ceret of Higher ee []	% Man

Date: Place: Signature of Candidate