

# WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration NO:S/IL/14448 of 2002-2003

SwasthyaBhawan, 'B' Wing, 3<sup>rd</sup> Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

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Memo No: HFW/NRHM/272/2010/9038

Date: 26/02/2018

## NOTICE

[Refer Recruitment Notice No SHFWS/2017/116 Dated 11/10/2017 for the position of District ASHA Facilitator under NHM]

The applicants, as per enclosed list, for the position of District ASHA Facilitator under National Health Mission are hereby requested to bring their original testimonials for verification purpose on 5th March, 2018 at 11.30 am at the 2nd floor Conference Hall, NHM Building, Swasthya Bhawan Compound, Sector-V, Saltlake City, Kolkata-700091. It is also directed to submit the self attested photocopies of all those documents in the order listed below, mentioning his/ her online registration number and verification date in all the documents otherwise the application is liable to be cancelled.

~~This is to further inform that candidates must be present at the time of verification and no third party will be allowed at the time of verification. No change of date and time will be entertained under any circumstances.~~ The candidates who fail to turn up as per enclosed programme, he/she shall not be considered for selection.

The candidate must bring undernoted original documents, along with one set of self attested photocopies of the same, for verification:

1. The original photo proof identity card of the candidate i.e. Passport, Pan Card, Voter-ID Card, AADHAAR Card (any one of this).
2. Proof of Address (Passport or Voter ID Card or AADHAAR Card).
3. Residential Proof of the District Applied for.
4. Age Proof Certificate (Madhyamik or equivalent examination certificate)
5. All the marksheets and certificates of educational qualification from Higher Secondary onwards
6. All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
7. Experience certificates must consist of Name of the position, Employer's Name, Employee's Name, Date of joining(DOJ) and Date of Leaving (DOL)/current date in case still continuing otherwise his/her experience will be treated as invalid. No offer of appointment /engagement will be treated as experience.
8. In case of married female candidates - Marriage registration certificate.
9. Documents relating to Guardian's identity. (Guardian as mentioned in the online application).

Notes:

1. In case of failure to produce any of the above mentioned original documents at the time of verification, his/her application is liable to be cancelled.
2. The decision of the Competent Authority regarding the engagement is final.

  
Executive Director,  
WB SH & FW Samiti

**List of candidates called for original testimonials verification for the position of District  
Asha Facilitator under NHM**

Recruitment Notice No. SHFWS/2017/116, Dated : 11/10/2017

**Venue: 2nd Floor,Conference Hall, NHM Building, Swasthya Bhawan, GN-29, Salt Lake City, Sector-V, Kolkata- 700091**

**District : Bankura**

Date & Reporting Time	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
05/03/2018 11:30 A.M.	84962	85054	85104	85255	85273	85285	85595	85761	85800	85853
	85929	85950	85953	85973	85997	X	X	X	X	X

**District : Hooghly**


Date & Reporting Time	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
05/03/2018 11:30 A.M.	84931	84990	85055	85171	85184	85251	85309	85591	85674	85959

**District : Howrah**

Date & Reporting Time	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
05/03/2018 11:30 A.M.	85015	85109	85367	85641	85642	85739	85821	85962	86005	86011

**District : Nandigram Health District**

Date & Reporting Time	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
05/03/2018 11:30 A.M.	85110	85696	85814	85843	85894	85913	X	X	X	X

  
 Executive Director  
 W.B.S.H. & F.W Samiti