

GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
NURSING BRANCH
SWASTHYA BHAWAN, GN-29
SECTOR-V, SALT LAKE CITY, KOLKATA-700091

Memo No. HNG/SC-9-2011/PT-1/1343

Dated: 31/10/13

CIRCULAR

Applications are invited from the eligible nursing personnel of WBNS Cadre for undergoing Post Basic Diploma course in "Psychiatry Nursing" for the academic Session January 2014 to December 2014 at the Institute of Psychiatry, 7 D.L.Khan Road, Kol-25. 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.

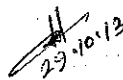
Number of Seats : 15(Fifteen)

Following Criteria are to be followed:

- A. **Service seniority** will be the criteria for accepting and forwarding the application.
- B. **Duration of Course : One academic year(January to December).**
- C. **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.
- D. **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 Psychiatry 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.
- E. **Age : Not more than 53(fifty three) years as on 01.01.14.**
- F. **Address for communication :**
Dy. Director of Health Services (Nursing), Wing-A, 1st 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


Director of Health Services & Ex officio secretary,
West Bengal


29.10.13

Memo No. HNG/9C-9-2011/AI-I/1343/1(C)

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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.

Banul 30/10/13
for Dy. Director of Health Services
(Nursing), West Bengal

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29.10.13

**FORMAT FOR APPLICATION FOR POST BASIC DIPLOMA COURSE IN PSYCHIATRY
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)
 - a). Educational: _____
 - b) 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

