

ASHA Selection Committee Kalimpong Sub-Division, Kalimpong
Office of the Sub-Divisional Officer Kalimpong Sadar,
Kalimpong

Memo No.: 1094/SDO/CON.

Date: 22/ 11 /2024

NOTIFICATION

Applications are hereby invited from eligible female candidates for selection to the post of Accredited Social Health Activist (ASHA) for different villages comprising under respective Blocks under Kalimpong Sub Division, Kalimpong District in terms of Memo. no. HFW/NRHM-20/2006/(Part II)/1631 Dated 27/06/2012 of the Govt. West Bengal. Health & Family Welfare Deptt. (NRHM) read with Memo. No. HFW-27011/216/2018-NHM SEC- Dept. of H&FW/ Pt. (1)/2718 date 11/09/2021 of the Govt. of West Bengal, Health & Family Welfare Deptt. (NHM) & Memo No. CMOH/KPG/2024-25/1972 dated 04/10/2024 of the CMOH, Kalimpong.

Block, Gram Panchayat, Health Sub-Centre and Village wise ASHA vacancy list of Kalimpong Sub-Division, Kalimpong is as follows:

| Sl. No | Name of the Block | Name of the Panchayat | Name of Sub Centre | Name of Village | Number of Vacancy |
|------------|-------------------------------------------|-----------------------|--------------------|-------------------|-------------------|
| 1 | Kalimpong-I | Teesta | Rambi | Suntaley Lohapool | 1 |
| | | | Teesta | Teesta Bridge | 1 |
| | | Dungra | Upper Dungra | Joredhara I | 1 |
| | | | Lower Dungra | Ambakey I | 1 |
| | | Yangmakum | Fengtar | Lower Panbu | 1 |
| | | | | Upper Panbu | 1 |
| Pabringtar | Navigaon(Earlier tagged with Chunabhatti) | Chunbhatti | 1 | | |
| 2 | Lava | Sangsay | Sangsay | Sangsay Bimbong | 1 |
| | | Gitadubling | Gitadubling | DI Fund Bazar | 1 |
| 3 | Pedong | Lingseykha | Lingseykha | Dagyong Kolbong | 1 |
| | | Kashyong | Kashyong | Dumtam | 1 |
| 4 | Gorubathan | Nim | Upper Fagu | Gosai dhura | 1 |
| | | Gorubathan I | Bhuttabari | Sombaray Bazar | 1 |

Eligibility:

1. Should be Married /Divorced or Widowed women
2. Should be a resident of the same village for which she will apply.
3. Should be within the age group of 30-40 years. In case of SC and ST candidates, the lower age limit may be relaxed to 22 years (cut off date of age as on 31/10/2024)
4. Should be Madhyamik Examination appeared or equivalent
5. Women candidate who have passed Madhyamik examination or possess higher qualification, only marks obtained in Madhyamik or equivalent examination will be considered.

Mode of Application:

1. Candidates should submit application in the format annexed as Annexure "A" in this notification

2. Application should be in A4 size paper on one side only and should be clearly legible.
3. Application Form may be downloaded from the website :
4. One candidate is allowed to submit only one application: if more than one application is submitted by the same candidate; her candidature shall stand cancelled.
5. Candidate may obtain information from their respective Health Sub Centre / GP Office / BPHC.

Documents to be submitted with the application (Photo copy with self attestation):

1. Proof of Date of Birth (Birth Certificate/ Admit Card or Certificate of Madhyamik Examination)
2. Proof of Residence (Voters Identity Card i.e. EPIC / Ration Card & Residential Certificate mentioning Specific Village and Sub-Centre from BDO)
3. Proof of Marital Status of the candidate: Married/ Divorced/ Widowed as the case may be
4. Original Mark sheet of Madhyamik or equivalent examination as applicable, Mark sheet is to be provided by the candidates even in case of failure in the exam, SC/ST Certificate wherever applicable.
6. Two copies of Passport size photographs; one pasted on the application form (signed diagonally) and the other for office use (signed diagonally on the back side)
7. One self-addressed envelope affixing postage stamp of Rupees 5 (five)
8. Experience certificate, in case of Grade-I & Grade-II SHG members/Trained Dais/Link workers.

Whom and how to Apply:

1. Candidate must submit the application along with photocopies of requisite documents at the respective Office of the Block Development Officer on or before the closing date & time. i.e. up to 20/12/2024 by 4:00 pm only on Govt. working day and during working hours.
2. The envelope containing the application should be addressed as below:

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>"APPLICATION FOR THE POST OF ASHA FOR _____ VILLAGE UNDER _____ HEALTH SUB-CENTRE"</p> <p>To The Member Secretary. ASHA Selection Committee. Office of the Block Development Officer, Block, (Respective Block) P.O. Dist. Kalimpong, West Bengal. PIN</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Call letters for interview would be sent to Shortlisted candidates after scrutiny of applications.

Selection Criteria:

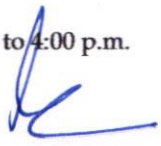
- ❖ Selection is based on marks obtained by the candidates in the Madhyamik/ equivalent examination (90% weightage)
- ❖ Score in the interview (10% weightage)
- ❖ In respect of villages where the vacancies are reserved for SC/ST, the guideline provided in Memo No. HFW 27011/375/2018-NHM SEC Dept. of H&FW- Part (2)/3692 dated 03/12/2021 of the Govt. of West Bengal. Health & Family Welfare Deptt. (NHM) will be followed.
- ❖ Preference to be given to Grade-I & Grade-II SHG members/Trained Dais/ Link Workers keeping the selection criteria fixed.

General Conditions:

1. Candidates, before applying, should carefully read the instructions and ensure fulfilment of the eligible criteria at the time of submission of application.
2. Submission of application does not guarantee an appointment.
3. Candidates shall be disqualified at any time and at any stage during the selection process, in case of any misrepresentation of facts and documents. Appropriate legal action will be taken against such candidate.

4. Sub Divisional Accredited Social Health Activist (ASHA) Selection Committee, Kalimpong Sub-Division reserves every right to alter the modes of examinations or conduct, re-interview or cancel part or whole of any process of recruitment at any stage. if required.

- Application Form may be downloaded from the Official website of Kalimpong District:
- – <https://kalimpong.gov.in>
- Date of Submission of application: From 25.11.2024 to 20.12.2024 up to 4:00 p.m.

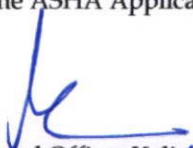

Sub-Divisional Officer, Kalimpong
&
Member Secretary, ASHA Selection Committee

Memo No.: 1094/STSD/CON

Date: 22/11/2024

Copy forwarded for information to the:

1. The District Magistrate & Chairperson of Accredited Social Health Activist (ASHA) Selection Committee, Kalimpong. .
2. The Addl. District Magistrate (Health), Kalimpong.
3. The C.M.O.H., Kalimpong
4. The D.P.O. (ICDS) , Kalimpong with a request to instruct the CDPOs under his jurisdiction to display the same in their Offices and AWCs under their jurisdiction and to submit a certificate to that effect within two days of receiving this notice.
5. The Block Development Officer, Kalimpong-I/ Lava/ Pedong/ Gorubathan Dev. Block with a request to instruct the Gram Panchayats accordingly, to display the above Notice in the Block Office & G.P Offices , to set up a separate Counter/ Help Desk for ASHA , to receive applications of ASHA with proper receipt, to maintain a register for applicants etc., and to submit a certificate to the effect to the undersigned within two days of receiving this notice.
6. The Block Medical Officer of Health, Rambh/ Pedong/ Gorubathan, Kalimpong with a request to brief the BPHC/PHC/Sub Centre staff accordingly and to display the same in all BPHC/PHC/Sub Centres under their jurisdiction and to submit a certificate to that effect within two days of receiving this notice.
7. The DPHNO, Kalimpong.
8. The OC, IT Cell, Kalimpong with a request to upload this and the ASHA Application Form in the district website immediately.


Sub-Divisional Officer, Kalimpong
&
Member Secretary, ASHA Selection Committee

Application Form for the Selection of ASHA

(Use Blue or Black Ball Pen to fill in the Application Form)

| | | | | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|----------------|
| Index No..... Roll No..... | Name of Health Sub-Centre | | | Space for Pasting recent coloured passport size photograph duly signed by the applicant | | |
| | Name of Village To The Member Secretary, ASHA Selection Committee, Kalimpong, Kalimpong. I am submitting my application along with the documents attached hereto. | | | | | |
| Name of Applicant (in Block letters) | | | | | District: Kalimpong | |
| Name of Applicant's Husband: (in Block letters) | | | Name of Applicant's Father: (in Block letters) | | | |
| Date of Birth : | | | | | | |
| Residential Address: (in Block letters) | | Village: | | Post Office: | | |
| | | Police Station: | | District: KALIMPONG | Pin Code: | |
| Contact No. (Mobile); | | Name of Health Sub-Centre : | | | | |
| | | Name of the Village: | | | | |
| Marital Status (Put Tick mark) | | Married: | Divorced: | Widow: | | |
| Distance of Health Sub-Centre from Applicant's house | | | KM | | | |
| EPIC (Electoral Photo Identity Card) | | Caste Certificate (SC/ST) No. (If No. Applicable) | | Ration Card No. | | |
| Details as per latest Electoral Roll (Voter List) | | Name | | Part No | Serial No | |
| a) Name of Applicant | | | | | | |
| b) Name of the living Husband | | | | | | |
| c) Name of the Father of the Widow/ Divorced | | | | | | |
| Details regarding Madhyamik Exam or equivalent | | | | | | |
| Name of Examination | | Name of the Board/ Council | Year of Passing/ Appeared | Full Marks | Marks Obtained | Percentage (%) |
| | | | | | | |
| • Highest Educational Qualification (H.S./Graduation/Post Graduation), If any. | | | | | | |

Self attested documents to be submitted along with the application form :

- 1) Applicant's recent coloured passport size photograph duly signed by her.
- 2) Two Self addressed Blank envelop affixed with Postage Stamp of Rs. 5/-.
- 3) Admit Card or Certificate of Madhyamik or equivalent examination/ Any other Age proof.
- 4) EPIC/Ration Card for proof of residence.
- 5) Caste (SC/ST) Certificate (If Applicable).
- 6) Residential Certificate with village name & marital status of applicant issued by the B.D.O.
- 7) Certificate as to member of Grade I and Grade II SHG/ Trained Dai/ Link worker.

8) Testimonials of Madhyamik Examination & Higher Educational Qualification (H.S./Graduation/Post Graduation, etc.), If any.

Declaration

I, the undersigned, do hereby declare that the information furnished above are correct and true to the best of my knowledge and belief. If any of such document(s) is/ are found false and fabricated, I shall be held responsible and bound to face whatever Penal action taken against me and as such my candidature will liable to be rejected straight away.

Date: _____

Signature of Applicant