Government of West Bengal
Directorate of Health Services
Nursing Section
Swasthya Bhawan, 1st Floor, Wing – A
GN-29, Sector – V, Salt Lake City, Kolkata-91

No. HNG/4T-38-2018/Pt. 1/625

Dated, ................................2019

NOTICE

The candidates, listed in the categorised provisional rank list for G.N.M training course for the session 2019-2022/A.N.M(R) training course for the session 2019-2021 are hereby instructed to be present physically at the respective Verification Centre (copy enclosed) along with the following documents and one copy self attested photocopy of each:

1) Downloaded verification letter from the website – ithealth.wbhealth.gov.in
2) Original testimonials regarding educational qualification and Date of Birth
3) Original Medically Fit Certificate
4) Original Residential Certificate

Selection will be summarily rejected/cancelled, if any candidate fails to produce original documents or if any of the documents produced by him/her are found to be incorrect at the time of verification. A specimen copy of Medical Certificate and Residential Certificate is enclosed herewith.

[Signature]
Director of Health Services
West Bengal

No. HNG/4T-38-2018/Pt. 1/625 1(15)

Copy forwarded for information and necessary action to:

1) The Jt. Secretary (Nursing), Deptt. of Health & Family Welfare, Govt. of W.B.
2) The Executive Director, H & FW Deptt., Gorkha Territorial Administration, Darjeeling, PO & Distt. – , Darjeeling
3) The Chief Medical Officer of Health, .................................................................
4) The Principal/MSVP, ......................................................................................
5) The Superintendent, ......................................................................................
6) The Registrar, WBNC, Purba Bhawan, Salt Lake DF Block, Sector-I, Kolkata – 91
7) The Nursing Superintendent, .................................................................
8) The Principal Nursing Officer, NTS, ..........................................................
9) The Senior Sister Tutor, NTS, .................................................................
10) The District Welfare Officer, Backward Classes Office, Govt. of WB., Darjeeling, District ...
11) The Project Officer, Backward Classes Office, Govt. of WB, ....................District
12) The Representative of Social Welfare Department, Govt. of WB ..................District
13) The Representative of Civil Defence Department, Govt. of WB ..................District
14) The In Charge, I.T. Cell, Swasthya Bhawan, Kolkata – 91
   - He is requested to publish the same in www.wbhealth.gov.in
15) Guard File/Office Copy.

[Signature]
Jt. Director of Health Services
(Nursing) West Bengal
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Female &amp; Male candidates belonging to the districts</th>
<th>Verification Letter to be submitted to</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Darjeeling District (only Darjeeling &amp; Kurseong) and Kalimpong District</td>
<td>The Senior Sister Tutor, Nursing Training School, Darjeeling District Hospital, P.O.&amp; Dist.-Darjeeling, PIN-734101</td>
</tr>
<tr>
<td>(2)</td>
<td>Cooch Behar, Jalpaiguri, Alipurduar and Siliguri Sub-Divn. of Darjeeling District</td>
<td>The Principal Nursing Officer, Nursing Training School, North Bengal Medical College and Hospital, P.O Susrutnagar, Dist. Darjeeling, Pin. 734432</td>
</tr>
<tr>
<td>(3)</td>
<td>Uttar Dinajpur, Dakshin Dinajpur &amp; Malda</td>
<td>The Principal Nursing Officer, Nursing Training School, District Hospital, Balurghat, P.O.- Balurghat, Dist. Dakshin Dinajpur, PIN-733103</td>
</tr>
<tr>
<td>(4)</td>
<td>Murshidabad &amp; Nadia</td>
<td>The Principal Nursing Officer, Nursing Training School, District Hospital, Nadia, Shaktinagar, P.O.-Krishnanagar, Dist.- Nadia, PIN-741101</td>
</tr>
<tr>
<td>(5)</td>
<td>Purulia, Bankura &amp; Bishnupur Health District</td>
<td>The Principal Nursing Officer, Nursing Training School, Bankura Sammilani Medical College and Hospital, P.O + Dist. Bankura, Pin-722101</td>
</tr>
<tr>
<td>(6)</td>
<td>Birbhum, Rampurhat Health District, Purba Bardhaman &amp; Paschim Bardhaman</td>
<td>The Principal Nursing Officer, Nursing Training School, Burdwan Medical College &amp; Hospital, P.O.+ Dist.- Burdwan, PIN-731301</td>
</tr>
<tr>
<td>(7)</td>
<td>Paschim Medinipur, Jhargram, Purba Medinipur &amp; Nandigram Health District</td>
<td>The Principal Nursing Officer, Nursing Training School, District Hospital, Purba Medinipur, P.O.- Tamluk, Dist.- Purba Medinipur, PIN-721636</td>
</tr>
<tr>
<td>(8)</td>
<td>Howrah &amp; Hooghly</td>
<td>The Senior Sister Tutor, Nursing Training School, District Hospital, Hooghly, P.O.-Chinsurah, Dist.- Hooghly, PIN-721201</td>
</tr>
<tr>
<td>(9)</td>
<td>North 24 Parganas, Basirhat Health District, South 24-Parganas &amp; Diamond Harbour Health District</td>
<td>The Senior Sister Tutor, Nursing Training School, M.R. Bangur Hospital, Tollygaunge, Kolkata-700033</td>
</tr>
<tr>
<td>(10)</td>
<td>Kolkata</td>
<td>The Principal Nursing Officer, Nursing Training School, IPGME&amp;R-SSKM Hospital, 244 AJC Bose Road, Kolkata-700020.</td>
</tr>
<tr>
<td>(11)</td>
<td>All District of West Bengal. Only for ANM(R)</td>
<td>The Principal Nursing Officer, ANM(R) Nursing Training School, ID&amp;BG Hospital, Beliaghata, Kolkata.</td>
</tr>
</tbody>
</table>
MEDICAL CERTIFICATE FOR ADMISSION IN G.N.M. / A.N.M. (R) TRAINING COURSE

1) Name of the Candidate (in block letter): 

2) Father's/ Guardian's Name : 

3) Date of Birth : 

4) Address a) Permanent : 
   b) Present : 

A. History of Illness 
   a) Past and Present : 
   b) Family History : 

B. Physical Examination 
   1) Height : 
   2) Weight : 
   3) Physical Built : 
   4) Deformity : 
   5) Posture & Gait : 
   6) Condition of Skin & Mucous Membrane: 
   7) Teeth & Gum : 
   8) Hearing : 
   9) Mental Alertness : 
   10) Blood Pressure : 
   11) Pulse/ Respiration : 
   12) Urine Test for Albumin & Sugar: 
   13) Blood for TC, DC, ESR & Hb %: 
   14) Vision: Right Eye: Left Eye: 
   15) Heart : 
   16) Lung (X-Ray Chest) : 
   17) Abdomen (Liver & Spleen): 
   18) Menstrual History : 

"I hereby certify that I have examined Smt. /Sri ________________________, a candidate for GNM training course and I couldn't discover that Smt. /Sri ________________________ has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except ______________. I do not consider this a disqualification for the said training. According to the statement of Smt. /Sri ________________________, she/he is ______________________year old and by appearance she/he is about ______________________year old" 

Contd. Page No.2
The Candidate is

i. Fit : 

ii. Unfit on account of:

iii. Temporarily unfit on account of:

___________________________
Full signature of the Candidate with date

Place: Signature of the Medical Practitioner

Date: Name:

Degree:

Registration No.:
(Seal)
Pro-forma for Residential Certificate:
(Applicable to the candidate of all categories).

I hereby certify that I personally know Sri / Smt ..........................................................
S/o ,D/o, ............................................................................................................., W/ o. ..........................................................

He/ She is a citizen of India and has been residing in the district of .................
............................................. in West Bengal for at least five years till date. His /Her present
address is ...........................................................................................................

.........................................................................................................................

Date :
Place :

Signature of Competent Authority
with Office seal and date