

Government of West Bengal
Directorate of Health Services
Nursing Branch
Swasthya Bhawan, 1st Floor, Wing-A, GN-29, Sector-V
Salt Lake City, Kolkata-700091.

No. HNG/6C-17-2019/pt-I/76

Date: 11/10/2023

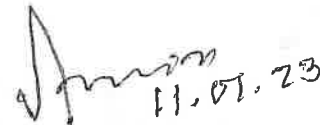
Notice

All such Nursing Personnel under WBNS cadre serving as Community Health Officers (CHOs) in Sub Centre Susasthya Kendras (SCSKs) under the following category who are unwilling to continue as CHO on medical / personal ground and revert to clinical service in higher tier health facility / promotion posting are hereby directed to submit an application as per attached format:

- i. Those who have already completed mandatory service period of 3 years as CHO.
- ii. Those who have not completed mandatory service period of 3 years as CHO.
- iii. Those who have promoted to higher posts vide Memo no. HNG/4P-05-2022/1103 dt. 24/8/2022 and Memo no. HNG/4P-05-2022/1104 dt. 24/8/2022.

Such applications in the attached proforma (annexure-A) should be forwarded through proper channel (concerned BMOH/CMOH) and submitted to mail id wbcchodb@gmail.com within 31st January 2023:

2. Applications should be submitted along with following documents:
 - i. Applications on medical ground should contain certificate from Medical Board of Govt. Hospital. **(Mandatory)**.
 - ii. Supporting document (if any) in case of application submitted on the ground 'Family issues / other service issues'.
3. Consideration of applications will be the sole discretion of authority. No application will be considered if submitted after 31st January, 2023.


11.01.23
Director of Health Services
West Bengal

(I) Details of the applicant

1. Name of the CHO :
2. Employee ID :
3. Contact No. :
4. Email Id :
5. Permanent Address :
6. Present place of posting : (SCSK)
..... (NIN) (BLOCK)
..... (DISTRICT)
7. Date of Joining as CHO :
8. Date of Joining at Present Place of Posting :
9. The reason for unwillingness to continue as CHO (in brief) :

The above information is true to the best of my knowledge and I shall be held liable if the same is proved incorrect.

Name & Designation :
Place of posting :
Full Signature of the Employee :
Date :

Note:

1. Application without official stamp and forwarding by BMOH / CMOH in the standard format will summarily be rejected.
2. All scanned copies of supporting documents as well as signed copy of the application proforma will have to be submitted in the email id wbchodb@gmail.com

(II) Recommended and forwarded to CMOH along with all relevant documents for consideration.

Comments of BMOH (if any)

Name of BMOH :

Block Name :

Full Signature of BMOH :

Date & Stamp :

(II) Recommended and forwarded to DDHS, Nursing along with all relevant documents for consideration.

Comments of CMOH (if any)

Name of CMOH :

District Name :

Full Signature of CMOH :

Date & Stamp :