



**WEST BENGAL STATE COUNCIL OF TECHNICAL & VOCATIONAL EDUCATION AND SKILL
DEVELOPMENT**

(A Statutory Body under Government of West Bengal Act XXVI of 2013)
Department of Technical Education, Training & Skill Development, Government of West Bengal
Karigari Bhavan, 4th& 5th Floor, Plot No. B/7, Action Area-III, Newtown, Rajarhat, Kolkata-700 160

No. SCTVSD-16016/3/2022-AO(WBSCTVESD): 705

Dated: 10.01.2024

NOTICE

All existing WBSCTVESD affiliated institutes (VTCs), who have submitted their willingness in affiliation/renewal portal to run healthcare Short Term Courses are hereby requested to follow the link given in their dashboard (in affiliation/renewal portal) to enter into the new healthcare portal created for granting affiliation to Healthcare Short Term Courses. On entering into the landing page they must click on "Application → Pay Fees". After payment of application fees, "Inspection Application Form" will be made available which needs to be filled properly.

Affiliation to Healthcare Courses will be possible only with available infrastructure like "Own Hospital / Diagnostic Lab" or with a valid MoU with an outside Hospital / Diagnostic Lab as per requirement of Courses. List of available Courses and MoU format is given in Annexure I and Annexure II to this notice. MoU format is also available at download section of Council website <https://sctvesd.wb.gov.in/>.

For detailed information about the courses and other infrastructure requirements, the Council's website: https://sctvesd.wb.gov.in/academic/sttc/sttc_course (sector - Healthcare) may be visited.

VTCs are advised to not admit any student in any Healthcare Short Term Courses pending affiliation by Council. All students will be admitted through common admission portal.

Saugna Bhunia
Chief Administrative Officer & Member Secretary

No. SCTVSD-16016/3/2022-AO(WBSCTVESD): 705

Dated: 10.01.2024

Copy forwarded to:

1. Sr. P.A. to the Principal Secretary, Deptt. of TET&SD, Government of West Bengal, Karigari Bhawan, 2nd Floor, Kolkata-160 - with a request to kindly inform the Principal Secretary in this regard.
2. PA to Chairperson, WBSCTVESD
3. Director of Vocational Education & Training, with a request to put up the notice in Directorate website
4. HOI of all VTCs
5. OSD (Registration), WBSCTVESD
6. Sr. A.O. (Technical Education), WBSCTVESD

Saugna Bhunia
Chief Administrative Officer & Member Secretary

Annexure I: List of Healthcare Short Term Courses

SI No	Course Name	Entry Qualification	Theory Hrs	Practical Hrs	OJT Hrs	ES Hrs	Total Duration Hrs	Infrastructure requirement
1	HEALTH WORKER ATTENDANT	Class X Pass Out	90	120	120	30	360	30 or more bedded hospital with facility of relevant training.
2	X RAY TECHNICIAN ASSISTANT	Class X Pass Out	150	330	180	60	720	Medium Laboratory OR 30 or more bedded hospital with facility of relevant training.
3	BLOOD COLLECTION ASSISTANT	Class X Pass Out	150	330	180	60	720	Medium Laboratory OR 30 or more bedded hospital with facility of relevant training.
4	ECG TECHNICIAN ASSISTANT	Class X Pass Out	150	330	180	60	720	Medium Laboratory OR 30 or more bedded hospital with facility of relevant training.
5	HEALTH WORKER ASSISTANT	Class X Pass Out	150	330	180	60	720	30 or more bedded hospital with facility of relevant training.
6	MEDICAL LAB ASSISTANT	Class X Pass Out	150	330	180	60	720	Medium Laboratory OR 30 or more bedded hospital with facility of relevant training.
7	ELDERLY AND DISABLED CARE ASSISTANT	Class X Pass Out	150	330	180	60	720	30 or more bedded hospital with facility of relevant training.
8	CARDIAC CARE ASSOCIATE	Class XII Pass Out with	390	480	330	60	1260	100 or more bedded hospital with facility of relevant training.
9	EMERGENCY MEDICAL ASSOCIATE	Class XII Pass Out with Chemistry & Biology	390	480	330	60	1260	100 or more bedded hospital with facility of relevant training.
10	HOSPITAL ADMINISTRATIVE ASSOCIATE	Class XII Pass Out with Mathematics / Commerce	390	480	330	60	1260	100 or more bedded hospital with facility of relevant training.
11	MEDICAL LAB ASSOCIATE	Class XII Pass Out with	390	480	330	60	1260	Large Laboratory OR
12	MEDICAL RADIO IMAGING ASSOCIATE	Class XII Pass Out with Chemistry & Biology	390	480	330	60	1260	Large Laboratory OR 100 or more bedded hospital with facility of relevant training.
13	MULTISKILLED HEALTH WORKER ASSOCIATE	Class XII Pass Out with Chemistry & Biology	390	480	330	60	1260	100 or more bedded hospital with facility of relevant training.
14	NUTRITION PLANNER ASSOCIATE	Class XII Pass Out with Chemistry & Biology	390	480	330	60	1260	Large Laboratory OR 100 or more bedded hospital with facility of relevant training.

Annexure I: List of Healthcare Short Term Courses

SI No	Course Name	Entry Qualification	Theory Hrs	Practical Hrs	OJT Hrs	ES Hrs	Total Duration Hrs	Infrastructure requirement
15	BLOOD AND PATHOLOGICAL SAMPLE COLLECTION ASSOCIATE	Class XII Pass Out with Chemistry and Biology	390	480	330	60	1260	Large Laboratory OR 100 or more bedded hospital with facility of relevant training.

Memorandum of Understanding

(to be executed on Rs. 100/= Non-Judicial stamp paper)

This memorandum of understanding is made on ____ day _____ month ____ year between <name of clinical establishment> (with full address) with Registration No. _____ under the West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act which is represented by _____, its Principal / Dean / Medical Director / CEO herein named as party one

and

_____ Institute (with full address) represented by _____, its Principal / Director / Dean herein named as party two

The parties hitherto agree as follows:

1 (a) Party one declares that _____ (name of clinical establishment) is a _____ number bedded hospital AND / OR

1(b) Party one declares that _____ (name of clinical establishment) is a _____ Diagnostic Center under category Medium / Large (*strikeout whichever is not applicable*) of West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act.

2. Party one agrees to provide to party two the minimum space necessary of _____ square feet in the hospital building / Diagnostic Lab Centre (*strikeout whichever is not applicable*) to allow OJT (On Job Training) for students / trainees of Healthcare course _____ <name of healthcare course>.

3. Party one agrees to provide instructors / faculty required to train the students / trainees of Healthcare course _____ <name of healthcare course>.

4. Party one agrees that, it will not enter into similar agreement with any other institution/s or department/s offering or intending to offer Healthcare courses till the present agreement / MOU is in effect.

5. Party one declares that

Tick the relevant

(a) Institution with which it is signing the MOU is within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty

(b) if the institution is located in different Corporation or Municipality or Campus, the distance between the two is not more than 15 kms by road.

6. The prospective students will be allowed to undergo training in the following courses

<u>Course Name</u>	<i>Tick whichever is applicable</i>
• Health Worker Attendant	<input type="checkbox"/>
• Blood Collection Assistant	<input type="checkbox"/>
• ECG Technician Assistant	<input type="checkbox"/>
• Health Worker Assistant	<input type="checkbox"/>
• Medical Lab Assistant	<input type="checkbox"/>
• Elderly And Disabled Care Assistant	<input type="checkbox"/>
• X Ray Technician Assistant	<input type="checkbox"/>
• Cardiac Care Associate	<input type="checkbox"/>
• Emergency Medical Associate	<input type="checkbox"/>
• Hospital Administrative Associate	<input type="checkbox"/>
• Medical Lab Associate	<input type="checkbox"/>
• Medical Radio Imaging Associate	<input type="checkbox"/>
• Multiskilled Health Worker Associate	<input type="checkbox"/>
• Nutrition Planner Associate	<input type="checkbox"/>
• Blood And Pathological Sample Collection Associate	<input type="checkbox"/>

7. Party two will provide the academic staff and necessary infrastructure for Healthcare courses as per West Bengal State Council of Technical & Vocational Education & Skill Development (WBSCTVESD) norms and takes the overall responsibility for smooth conduct of the programs

8. This agreement is to be in effect at least for 5 years from the time of its endorsement by both the parties.

9. The officials representing _____ < name of Clinical Establishment> and _____ < name of institution> institution are signing this MOU to achieve the beneficial objectives of Short Term Healthcare Courses.

Signature
Clinical Establishment authority [party one]
With seal and date

Signature
Institution HOI
Name of Institution [party two]
With seal and date