

WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration NO:S/IL/14448 of 2002-2003

Swasthya Bhawan, 'B' Wing, 3rd Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

Tele Fax No:033-2357 7901/3636,e-mail-ed_samity@wbhealth.gov.in

Memo No: H/SFWB/7E-02-2011/ 8039

Date: 24/03/2017

Notice for the post of Nutritionist for Nutritional Rehabilitation Centre of Jhargram Health District

(Refer Notice No. H/SFWB/7E-02-2011/8001 dated 7.3.17 regarding verification for the post of Nutritionist for Nutritional Rehabilitation Centres of various districts)

After careful consideration of the report of Jhargram Health District, the candidate mentioned below, is hereby requested to bring her **original testimonials** as listed below for verification at the **2nd Floor Auditorium, Swasthya Bhawan, Sector-V, Saltlake, Kolkata -700091 on 27.3.17 at 11 am.** It is also directed to submit the **self attested photocopies** of all those documents in the order listed below.

Name	Guardian's Name	Date of Birth
SOUMITA DEY	RATAN LAL DEY	26.12.1994

The candidate must bring undernoted original documents for verification:

- Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or Ration Card).
- Age Proof Certificate (Madhyamik or equivalent examination certificate)
- Marksheets (all years / semesters) and course completion certificate of Graduation or Post Graduation or both.

Sanghamitra Ghosh

**Executive Director,
WB SH & FW Samiti**

[Signature]