

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/8H-01-2014/PART-II/ 6110

Date: 18.06.2015

NOTICE


[Refer Recruitment Notice No SHFWS/52 Dated 16/04/2015 for the posts of State Urban Health Planning Manager, Consultant (M&E) and State Finance Manager under National Health Mission]

The candidates, as per enclosed list, for the posts of State Urban Health Planning Manager, Consultant (M&E) and State Finance Manager under National Health Mission are hereby requested to bring their original testimonials as listed below, for verification at the 2nd Floor Conference Hall, NHM Building Swasthya Bhawan Compound, Sector-V, Saltlake, Kolkata-700091 on 2nd July,2015 at 10.30 am. It is also directed to submit the self attested photocopies of all those documents in the order listed below, mentioning his/her online registration number and date in all the documents otherwise the application is liable to be cancelled. This is to further inform that candidates must be present at the time of verification and no third party will be allowed at the time of verification. No change of date and time will be entertained from this end.

The original testimonials verification for all the above mentioned posts will be followed by Computer Test and Interview on the same day.

The candidates must bring undernoted documents for verification:

- Photo proof identity card (Passport or Voter ID Card or ADHAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or ADHAR Card or Ration Card).
- Age Proof Certificate (Madhyamik or equivalent examination certificate/admit card)
- All marksheets and pass certificates of essential qualification.
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining (DOJ) and Date of Leaving (DOL) otherwise his/her experience will be treated as invalid. No appointment letter will be treated as experience certificate.
- Marriage certificates for female applicants only.


Executive Director
West Bengal State Health
& Family Welfare Samiti

List of the candidates called for Original Testimonials Verification, Computer Test & Interview for the mentioned posts under NUHM


Recruitment Notice No: SHFWS/52, dated: 16/04/2015

Venue : CONFERENCE HALL, NHM BUILDING. 2ND FLOOR, SWASTHYA BHAVAN COMPOUND

STATE URBAN HEALTH PLANNING MANAGER					
Appl ID	Date	Time	Appl ID	Date	Time
38627	02/07/2015	10:30 A.M.	38676	02/07/2015	10:30 A.M.
38768	02/07/2015	10:30 A.M.	X		X

CONSULTANT (M & E)					
Appl ID	Date	Time	Appl ID	Date	Time
38673	02/07/2015	10:30 A.M.	38839	02/07/2015	10:30 A.M.

STATE FINANCE MANAGER					
Appl ID	Date	Time	Appl ID	Date	Time
38687	02/07/2015	10:30 A.M.	38744	02/07/2015	10:30 A.M.


Executive Director
WBSH & FWS