

No: H/SFWB/8H-01-2014/Pt-II 7237

Date: 23/06/2016

ORDER

In reference to the recruitment notice no SHFWS/56, dated: 27/05/2015, the following candidates are hereby engaged for the post of **"Accounts Manager" under NUHM** on contract basis with a consolidated monthly remuneration of ₹ 23,270/- (Rupees Twenty three thousand two hundred and seventy) only and posted as shown against their respective names in the column **"Place of Posting"**.

Sl No	Name of the Candidate	Name of Guardian	Date of Birth	Address	Place of Posting
1	Ms. SANGBRITA MUKHERJEE	TAPAN MUKHERJEE	19-04-1984	MAHINAGAR, P.O-MALANCH, SOUTH 24 PARGANAS, WEST BENGAL, PIN-700145	DPMU, PURBA MEDINIPUR
2	Mr. PROSENJIT MONDAL	MAHESH MIONDAL	14-10-1983	NEAR TOWER BB CHARTERJEE STREET, KALIKAPUR, BUDGE BUDGE, ALIPORE, SOUTH 24 PARGANAS, WEST BENGAL, PIN-700137	DPMU, HOOGHLY
3	Mr. RAKI SARKAR	JIBAN SARKAR	01-01-1978	VIVEKANANDA STREET, COOCH BEHAR, WEST BENGAL, PIN-736101	DPMU, MURSHIDABAD
4	Mr. SOUMEN GHOSH	JOYPROKASH GHOSH	08-01-1977	15, TENTULTALA LANE, MANKUNDU, CHANDERNAGORE, HOOGHLY, WEST BENGAL, PIN-712139	DPMU, NADIA

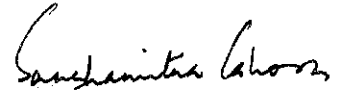
The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- 1) The order of engagement will take effect from the date he/she joins the post.
- 2) This engagement is purely on contract basis and will automatically be terminated after expiry of **31.03.2017**.
- 3) If the incumbent propose to cease his/her work without covering 1 month's notice period, his/her remuneration will be deducted accordingly.
- 4) The period of contract may be extended further on the basis of satisfactory performance.
- 5) The service may also be terminated by one month's notice from either side.
- 6) Payment of remuneration will be made from NUHM fund.
- 7) The candidates are directed to report for joining the post at the office of the Chief Medical Officer of Health of their respective district (place of posting) mentioned against their names with downloaded engagement order, photo identity proof, caste certificate (if any) issued by appropriate authority and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- 8) The candidates should join within 15 days from the date of issuance of the order.
- 9) Any person failing to report to the designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
- 10) No T.A. / D.A. is admissible for joining.


Executive Director
WSBH & FW Samiti

Copy forwarded for information and necessary action to:

- 1) District Magistrate _____
- 2) AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 3) PO, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 4) Sr. Accounts Officer, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 5) Nodal Officer- NUHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 6) SO-I, NHM, Swasthya Bhawan.
- 7) Chief Medical Officer of Health, District, with a request to allow the candidates to join the post.
- 8) Manager, HR Cell, GTZ Building, Swasthya Bhawan.



Executive Director
WSBH & FW Samiti

Medical Certificate in case of appointment of candidates under
West Bengal State Health & Family Welfare Samiti

Name of the candidate in full (in block letters) :
Height (without shoe) : Cm.
Weight : Kg.

"I hereby certify that I have examined Sri/Smt..... a candidate for employment in the West Bengal State Health & Family Welfare Samiti, and can't discover that Sri/Smt..... has any disease, (communicable or otherwise) constitutional weakness or bodily infirmity, except.....

I do not consider this a disqualification for employment in the office of State Samiti. Sri/Smt.....'s age is, according to his own statement..... Years, and by appearance about.....years".

- a. General Development : Good/Fair/Average/Poor
- b. Vision : Right eye: Left eye:
i. Uncorrected/Naked eye :
ii. Corrected :
iii. Nature and degree :
- c. Teeth : d. Hearing : e. Blood pressure :
f. Lung : g. Heart : h. Liver :
i. Spleen :
j. Hernia (present or absent) :
k. Hydroceles (present or absent) :
l. Urine i. Specific Gravity ii. Albumin iii. Sugar
m. Identification marks :
n. The Candidate is :

i. Fit

ii. Unfit on account of

iii. Temporarily unfit on account of

Dated:

Signature of the Medical Practitioner

Name

Degree

Regn. No.
(Seal)

Signature of Candidate

Attested