

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

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Memo No: H/SFWB/11M-06-2013(PT-III) / 6862

Date: 23.02.2016

NOTICE

[Refer Recruitment Notice No SHFWS/48 Dated 23/03/2015 for the post of Programme Officer under RBSK (Rashtriya Bal Swasthya Karyakram)]

Selected candidates for the post of Programme Officer under RBSK (Rashtriya Bal Swasthya Karyakram) against which appointment letters have been issued, are given below.

Selected candidates are requested to report SFWO, Swasthya Bhawan, GN-29, Salt Lake, Kolkata-700091, with original Appointment letter, Photo identity proof, Medical certificate, & Caste Certificate, within fifteen days from the date of issuance of this order.

SI No	Appl ID No	Name	Father's Name	Caste	Place of Posting
1	38484	Dr. URBI DAS	NARAYAN KUMAR DAS	UR	STATE FAMILY WELFARE BUREAU
2	38456	Dr. DHIMAN HALDER	JAGADISH HALDER	SC	STATE FAMILY WELFARE BUREAU


Executive Director
W B S H & F W 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