

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

No: H/SFWB/8H-01-2014/Pt-I/8219

Date: 23/05/2017

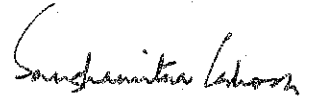
ORDER

In reference to the recruitment notice no SHFWS/2016/96, dated: 12/09/2016, 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	Caste	Address	Place of Posting
1	SUMAN MAJI	BADAL MAJI	28-02-1988	UR	908/B, Ward No 2, Netaji Pally, Po+Ps-Arambagh, Hooghly, West Bengal, Pin-712601	CPMU, Howrah MC of Howrah District
2	SOURAV RAKSHIT	GURUDAS RAKSHIT	14-11-1986	OBCB	Dinabandhu Ashram, Near Uco Bank, Jhantipahari, Chhatna, Bankura, West Bengal, Pin-722137	DPMU, Bankura District
3	PRASENJIT MAJUMDER	KSHITISH MAJUMDER	21-07-1988	SC	C-9/1/A, Ramgarh, Naktala, Netajinagar, Kolkata, West Bengal, Pin-700047	DPMU, Murshidabad District
4	ASHIM DAS	AJIT DAS	07-02-1985	SC	Bogram, Karnajora, Raiganj, Uttar Dinajpur, West Bengal, Pin-733130	DPMU, Uttar Dinajpur District
5	SANJOY SARKAR	SUDHIR KUMAR SARKAR	21-12-1972	SC	Sri Amal Maity, Basudevpur, Khanjanchak, Durgachak, Purba Medinipur, West Bengal, Pin-721602	DPMU, Purba Medinipur District
6	NABYENDU DAS	NEMAI CHANDRA DAS	10-12-1982	SC	8/2, Bhuvan Mohini Rd, Shibpur, Howrah, West Bengal, Pin-711102	CPMU, Bidhannagar MC of North 24 Parganas District
7	SK KAMRUL HOSSEN	SK KASIMUDDIN	02-11-1977	OBICA	Khalsutia, Negua, Egra, Purba Medinipur, West Bengal, Pin-721448	DPMU, Paschim Medinipur District
8	SK WAHID ALI	SK ARSHAD ALI	25-03-1984	OBICA	15, Bhot Bagan Lane, Ghosuri, Malipanchghara, Howrah, West Bengal, Pin-711107	DPMU, Diamond Harbour Health District
9	SK SAHAJAHAN	SK SABAN ALI	03-02-1985	OBICA	Sonadanga, Ibrambad, Monteswar, Bardhaman, West Bengal, Pin-713422	CPMU, Asansol MC of Asansol Health District
10	ACHINTYA KUMAR SHEET	ASHOKE KUMAR SHEET	28-06-1987	OBCB	Arui, Saknara Madhabdihi, Bardhaman, West Bengal, Pin-713421	DPMU, Birbhum District
11	SHOVAN PAL	DEHIPADA PAL	25-03-1988	OBCB	Satberia, Goghat, Hooghly, West Bengal, Pin-712612	CPMU, Chandannagar MC of Hooghly District
12	LALU SAHU	BALAHARI SAHU	14-01-1988	OBCB	Horisara, Tejhati, Nalhati, Birbhum, West Bengal, Pin-731220	DPMU, Rampurhat Health District

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 31.03.2018.
- 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 position at the office of the Chief Medical Officer of Health of their respective district/health 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 in the prescribed format (enclosed herewith) issued by the registered M.B.B.S. practitioners. The CMOH in turn will direct the Accounts Manager(s) to report to Commissioner / Secretary of Municipal Corporation who are selected for CPMU.
- 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

No: H/SFWB/8H-01-2014/Pt-II/ 8219 (34)

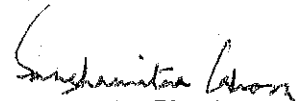
Date:

23/05/2017

Copy forwarded for information and necessary action to:

1. AMD, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
2. The Director SUDA Ilgus Bhawan, Saltlake, Kolkata.
- 3-13). The District Magistrate, Howrah / Bankura / Murshidabad / Uttar Dinajpur / Purba Medinipur / North 24 Parganas / Paschim Medinipur / South 24 Parganas / Paschim Bardhaman / Birbhum / Hooghly district.
14. PO, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
- 15-18). The Commissioner, Howrah / Bidhannagar / Asansol / Chandannagar Municipal Corporation.
- 19-30). CMOH, Howrah / Bankura / Murshidabad / Uttar Dinajpur / Purba Medinipur / North 24 Parganas / Paschim Medinipur / Diamond Harbour Health District / Asansol Health District / Rampurhat Health District / Birbhum / Hooghly District.
31. Sr. AO, NHM, Department of Health & Family Welfare, Govt. of West Bengal
32. SNO, NUHM, Department of Health & Family Welfare, Govt. of West Bengal.
33. SO-I, NHM, Swasthya Bhawan.
34. 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