

No: SHFWS/ESTD-517/2012/6633

Date: 15/12/2015.

ORDER

In reference to the recruitment notice no SHFWS/26, Dated: 05/02/2014, the following candidates are hereby engaged for the post of "Assistant Engineer" under NHM on contract basis with a consolidated monthly remuneration of Rs. 31800/- (Rupees Thirty one thousand eight hundred) only and posted in the district as shown against their respective names in the column "Place of posting" with the direction to look after their duties in the posted District including the respective Health District as mentioned in the column "Health District" wherever applicable, until further order.

Sl No	Name of the Candidate	Date of Birth	Name of Guardian	Caste	Address	Place of Posting	Health District
1	DONA CHATTERJEE	23-12-1987	TAPAN CHATTERJEE	GEN	2A MOHANCHAND RD, KIDDERPORE, KOLKATA, WEST BENGAL, PIN-700023	NADIA	NA
2	ABHISHEK MONDAL	11-02-1987	MADAN MOHAN MONDAL	GEN	253A/1, ROYPUK ROAD, P.O- REGENT ESTATE, KOLKATA, WEST BENGAL, PIN-700092	NORTH 24 PARGANAS	BASIRHAT HD
3	ARUN MUKHERJEE	24-05-1987	ACHCHIDANANDA MUKHERJEE	GEN	9A, RASH BEHARI AVENUE, KOLKATA, WEST BENGAL, PIN-700026	BURDWAN	ASANSOL HD
4	SANTANU MANDAL	15-05-1987	AJAY KUMAR MANDAL	SC	BONHOOGHLY, SONARPUR, SOUTH 24 PARGANAS, WEST BENGAL, PIN-700103	PURBA MEDINIPUR	NANDIGRAM HD

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 31.03.2016.
- 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 NHM 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 31/12/2015.
- 9) Any person failing to report to 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
WBSH & FW Samiti

No: SHFWS/ESTD-517/2012/6633/1(8)

Date: 15/12/2015.

Copy forwarded for information and necessary action to the:

- 1) AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) PO, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 3) Sr. Accounts Officer, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 4) SO-I, NHM, Swasthya Bhawan.

- 5) Chief Medical Officer of Health, District, with a request to allow the candidates to join the post.


Executive Director
WBSH & 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