

**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: HFW/NHM-655/2015/ 7963

Date: 22.02.2017

**ORDER**

In reference to the recruitment notice no SHFWS/2015/69, dated: 29/10/2015, the following candidates are hereby engaged for the post of "Data Entry Operator" under NHM on contract basis with a consolidated monthly remuneration of ₹ 13,560/- (Rupees thirteen thousand five hundred and sixty) only and posted against their respective names in the column "Place of posting".

Sl.	Name	Guardian's name	DOB	Caste	Residential Address	Place of posting
1	SUJAY SIL	SOMEN SIL	05/06/1977	UR	Street: Palpara, Boro Kalitala, Chandannagar, Sub Division: Chandannagar, Dist: Hooghly, State: West Bengal, Pin: 712136	SSKM HOSPITAL
2	MITALI SADHUKHAN	NIRMAL SADHUKHAN	17/06/1987	UR	House No: 95/62, Street: Cossipore Road, Kolkata, State: West Bengal, Pin: 700002	LADY DUFFRIN HOSPITAL
3	SANJIT KUMAR DAS	SAMIR KR DAS	16/02/1980	UR	Street: New Khulna Pally Main Road, Village: New Khulna Pally, Block: Barasat-II, Sub Div: Barasat (Sadar), Dist: North 24 Parganas, State: West Bengal, Pin: 700130	HR CELL, NHM, SWASTHYA BHAWAN
4	SUMAN SEN	LATE NEPAL CHANDRA SEN	05/07/1982	UR	Street: Najargunj (Babajilane), Midnapore, Block: Midnapore Sadar, Sub Division: Midnapore, Dist: Paschim Medinipur, State: West Bengal, Pin: 721101	RG KAR MEDICAL COLLEGE & HOSPITAL

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) The period of contract will automatically be terminated after expiry of 31/03/2018.
- 3) If the incumbent proposes 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 as per following schedule with downloaded engagement order, photo identity proof, address proof and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.

**Place of posting**

- SSKM, RG Kar
- Lady Duffrin Hospital
- HR Cell, Swasthya Bhawan

**Reporting authority for joining**

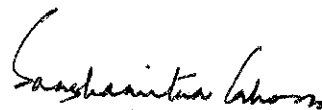
- The MSVP of the concerned Hospitals & MCHs
- The Superintendent of this hospital
- The Programme Officer, NHM, Swasthya Bhawan

- 8) The candidates should join within 15 days from the date of issuance of this Order.
- 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.

*Sansharanta Chandra*  
**Executive Director**  
**W.B.S.H. & F.W.S.**

Copy forwarded for information and necessary action to the:

- 1) The Director of Medical Education, Swasthya Bhawan.
- 2) The Additional Mission Director, NHM. Swasthya Bhawan.
- 3) The Principal, \_\_\_\_\_ Medical College & Hospital.
- 4) The MSVP, \_\_\_\_\_ Hospital / Medical College & Hospital.
- 5) The Programme Officer, NHM, Swasthya Bhawan.
- 6) The State Family Welfare Officer, Swasthya Bhawan.
- 7) The Sr. Accounts Officer, NHM. Swasthya Bhawan.
- 8) The State Nodal Officer, NUHM, Swasthya Bhawan.
- 9) Dr. B. Roy, CO, FBNC, Swasthya Bhawan
- 10) The DADHS(CH), Swasthya Bhawan
- 11) The Director, SSKM Medical College & Hospital.
- 12) The Manager, HR Cell, GTZ Building, Swasthya Bhawan.

  
Executive Director  
W.B.S.H. & F.W.S.

**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)

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Signature of Candidate

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Attested