

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: HFW/NRHM/272/2010/ 7526

Date: 21.10.2016

NOTICE

[Refer Recruitment Notice No SHFWS/2016/73 Dated 01/12/2015 and SHFWS/2016/085 Dated 02/03/2016 for the post of District ASHA Facilitator under NHM]

The list of selected candidates for the post of **District ASHA Facilitator under NHM** against which engagement orders have been issued, is given below.

Selected candidates are hereby directed to report for joining to the **Chief Medical Officer of Health, of their respective District/ Health District, as the case may be, as per place of posting mentioned against their names.** The candidates are also directed to join for the post with original Engagement Order, Photo identity proof, & Medical certificate (as per enclosed proforma) within fifteen days from the date of issuance of this order.

Sl No	Appl. ID	Name	Place of Posting
1	51214	PRIYANKA DAS	ALIPURDUAR
2	51420	MD. HABIB	ASANSOL HD
3	51287	NURUL AMIN MOLLA	BASIRHAT HD
4	51333	SANDIP CHAND	BISHNUPUR HD
5	61232	MAMATAJBKHATUN	COOCHBEHAR
6	51323	ARGHA LAWRENCE BOR	DIAMOND HARBOUR HD
7	51334	MALA NANDI	HOOGHLY
8	51221	SK. TAIMUL HOCK	JHARGRAM HD
9	-	NO SUITABLE CANDIDATE FOUND	NANDIGRAM HD
10	51227	MITHUN CHATTERJEE	RAMPURHAT HD


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