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: HPH/IDSP/2 'I'-1-2010/Prt-II/ 7860

ORDER

Date: 17.01.2017

In reference to the recruitment notice no SHFWS/2016/97, dated: 20/09/2016, the following candidates are hereby engaged for the post of "District Data Manager" under IDSP on contract basis with a consolidated monthly remuneration of

₹ 24,000/- (Rupees twenty four thousand) only and posted against their respective names in the column "Place of posting". SI. Name Guardian's name DOB Caste Address Place of posting 85/86 Basudebpur Road, Sarsuna. **PARMITA** DIAMOND HARBOUR 1 ATANU GHOSH 14-02-1985 Gen Parnasree, South 24 Parganas, West **GHOSH** HD DSU Bengal, Pin-700061 Haimantika, Subhashpally, Netaji RAKASHREE MANOJ BASU 28-11-1985 Subhash Road, Siliguri, Darjeeling, West Gen ALIPURDUAR DSU **BASU ROY** ROY Bengal, Pin-734001 25/A K.G. School Road, 2nd Lane, KAMALESH SACHI NANDAN Barrackpore, Nonachandanpukur, 3 01-12-1985 Gen ASANSOL HD DSU KUNDU KUNDU Titagarh, North 24 Parganas, West Bengal, Pin-700122 SAIKAT 29/1 Bihari Kundu Lane, Sheoraphuli, SANJIB KUMAR **PURBA MEDINIPUR** KUMAR 17-12-1987 Gen Sheoraphuli, Hooghly, West Bengal, Pin-KUNDU DSU KUNDU 712223 Vill+P.O- Narayanpur, Haringhata, PRANAY **DWIJENDRA** 21-02-1982 SC Narayanpur, Nadia, West Bengal, Pin-RAMPURHAT HD DSU SARKAR SARKAR 741249 WB/121/208 No- N0024 Basabati, **SAFIQUL** 6 SABDEL MOLLA 05-01-1981 **OBCA** Khasbalanda, Haroa, North 24 BASIRHAT HD DSU MOLLA Parganas, West Bengal, Pin-743425 PARTHA Shashpur, Indas, Bankura, West Bengal. 7

The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

OBCB

- 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 31/03/2017.
- 3) If the incumbent proposes to cease his/her work without covering 1 month's notice period, his/her remuneration will be deducted accordingly.

Pin-722205

4) The period of contract may be extended further on the basis of satisfactory performance.

02-02-1991

- 5) The service may also be terminated by one month's notice from either side.
- 6) Payment of remuneration will be made from IDSP fund.

ARABINDA DAS

SARATHI DAS

- 7) The candidates are directed to report to the CMOH of concerned district (place of posting) 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.
- 8) The candidates must 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.

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

BISHNUPUR HD DSU

No: HPH/IDSP/2 'I'-1-2010/Prt-II/ 7861/1 (19) Date: 17.01, 2017 Copy forwarded for information and necessary action to the:

- 1) The Director of Health Service & EO Secretary, Govt. of WB, Dept. of H & FW, Swasthya Bhawan.
- 2) The Jt. DHS (PH & CD), Swasthva Bhawan,
- 3) The Additional Secretary (IT), Swasthya Bhawan.
- 4) The SNO, IDSP, Swasthya Bhawan.

5 1 The Chief Medical Officer of Health, District. 12-13) The Dy. CMOH-II, District.

16) 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

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Wei	ghl			:	Kg.			
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disco	over that Sri/Smt				·	has c	any disease	
(con	mmunicable or	otherwi	se) constitu	utional	weakness	or bodil	y infirmity	
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	ii. Corrected			:				
	iii. Nature and	degree		:				
5 .	Teeth:	d.	Hearing	:	e.	Blood pre	ssure :	
•	Lung :	9	Heart	:	h.	Liver	:	
	Spleen			;				
	Hernia (present or c	absent)		:				
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	The Candidate is		·	;				
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Page 1 of 2

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			ii.	Unfit o	n account of		:
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Dated:					Signature of	the Medical	Practitioner
					Name	:	
					Degree	:	
					Regn. No. (Seal)	· :	
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Signature of Candidate		-					
Attested		· -					