

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: SHFWS/ESTD-869/2015/ 8265

Date: 12.06.2017

ORDER

In reference to the recruitment notice no SHFWS/2015/68, dated: 08/10/2015, the following candidates are hereby engaged for the position of "Urban Health Planning & Monitoring Manager" under NUHM on contract basis with a consolidated month remuneration of ₹ 22,000/- (Rupees Twenty two thousand) only and posted in places as mentioned against their respective names in the column "Place of posting".

Sl.	Name	Guardian's name	DOB	Caste	Address	Place of posting
1	SUSMITA GHOSH	BIMAL KUMAR GHOSH	26-06-1992	UR	369, Nasra Colonay, Ranaghat, Ranaghat-I, Nadia, West Bengal, Pin-741202	Howrah Municipal Corporation of Howrah District
2	OWASIM RAJA AHMED	SAMSUDDIN AHMED	14-02-1988	OBCA	Vill+Post- Rukunpur, Krishnanagar -II, Nadia, West Bengal, Pin-741154	Asansol Municipal Corporation of Asansol Health District
3	DEBASIS DE	TAPAN KUMAR DE	27-04-1983	OBCB	Nunnungeria, Jhargram, Paschim Medinipur, West Bengal, Pin-721507	Asansol Municipal Corporation of Asansol 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) 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 NUHM fund.
- 7) The candidates are directed to report for joining for the position to the CMOH of concerned district. The CMOH in turn will direct the Urban Health Planning & Monitoring Manager(s) to report to the concerned Commissioner of the Municipal Corporation (place of posting) mentioned against their names with downloaded engagement order, photo identity proof and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners. The Municipal Corporations will send joining report immediately to the CMOH for onward transmission to the SPMU for maintenance of database.
- 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.

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

No: SHFWS/ESTD-869/2015/ 8265 11(11)

Date: 12.06.2017

Copy forwarded for information and necessary action to the:

- 1) The DHS, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) The AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 3-4) The Commissioner, Asansol / Howrah Municipal Corporation.
- 5-6) The CMOH, Howrah / Paschim Bardhaman District.
- 7) The PO, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 8) The Sr. AO, NHM, Swasthya Bhawan
- 9) The State Nodal Officer, NUHM, Swasthya Bhawan
- 10) The Manager, HR Cell, GTZ Building, Swasthya Bhawan.
- 11) The System Co-Ordinator, IT Cell, for Web Posting.

Sanghamitra Ghosh
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)

Signature of Candidate

Attested