

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/ 8688

Date: 24.11.2017


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 monthly 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	Mangal Kumar Bhunia	Kartik Chandra Bhunia	22-11-1991	UR	Vill- Hazipur, P.O.- Naipur, P.S.- Pataspur, Egra, Purba Medinipur, West Bengal, Pin-721439	Durgapur Municipal Corporation of Asansol Health District
2	Arpita Kundu	Anil Kumar Kundu	19-06-1991	UR	Main Road Kamakhyaguri, Kumargram, Alipurduar, West Bengal, Pin-736202	Asansol Municipal Corporation of Asansol Health District
3	Johora Khatun	Salaudin Mondal	16-02-1992	OBCA	Dharsa, Howrah, West Bengal, Pin-711113	Kolkata Municipal Corporation of Kolkata District
4	Anirban Sen	Arup Sen	28-05-1991	OBCB	C/o- Arup Sen, P.O.- Jangipara, Serampore, Hooghly, West Bengal, Pin-712404	Howrah Municipal Corporation of Howrah 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 subject to approval of the position in the next financial year and satisfactory performance of the personnel.
- 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 CMHO in case of Kolkata Municipal Corporation. The CMOH in turn will direct the Urban Health Planning & Monitoring Manager(s) to report to the the concerned Commissioner of the Municipal Corporation (place of posting) except Kolkata Municipal Corporation, 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 maintainence 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.


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

Date:

24.11.2017

No: SHFWS/ESTD-869/2015/ 8688 11(15)

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) The District Magistrate, Howrah / Paschim Burdwan district.
- 4-7) The Commissioner, Asansol / Durgapur / Howrah / Kolkata Municipal Corporation.
- 8) The CMHO, Kolkata Municipal Corporation.
- 9-10) The CMOH, Howrah / Asansol Health District.
- 11) The PO, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 12) The Sr. AO, NHM, Swasthya Bhawan
- 13) The State Nodal Officer, NUHM, Swasthya Bhawan
- ✓ 14) The System Co-Ordinator, IT Cell, for Web Posting.
- 15) Office Copy


Manager, HR Cell
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