

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: SHFWS/ESTD-54/2005 / 8728

Date: 06/12/2017

NOTICE

[Refer Recruitment Notice No SHFWS/2017/119 Dated 07/11/2017 for the position of Office Superintendent]

Selected candidate for the position of **Office Superintendent** against which engagement order have been issued, is given below.

Selected candidate is hereby directed to report for joining the position to the **Financial Adviser, WB SH & FW Swasthya Bhawan, Kolkata -700091** with original Engagement Order, Photo Identity Proof, & Medical Fitness Certificate within 7 days from the date of issuance of engagement order.

SI No	Name	Designation	Place of Posting
1	Shri. Dilip Kumar Debnath	Office Superintendent	State Head Quarter.


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