

# WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration NO: S/IL/14448 of 2002-2003

Swasthya Bhawan, 'B' Wing, 3<sup>rd</sup> Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

Tele Fax No: 033-2357 7901/3636, e-mail- ed \_samity@wbhealth.gov.in

Memo No: H/SFWB/4P-09-2014

Date:

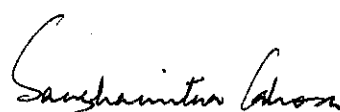
## NOTICE

[Refer Recruitment Notice No SHFWS/2015/67 Dated 06/10/2015/ for the post of Programme Co-ordinator and Programme Assistant in PCPNDT Cell under NHM (National Health Mission)]

Selected candidates for the post of **Programme Co-ordinator and Programme Assistant in Pre-Conception and Pre-Natal Diagnostic Techniques Cell under NHM (National Health Mission)** against which engagement orders have been issued, is given below.

Selected candidates are hereby directed to report for joining to the **State Family Welfare Officer, Swasthya Bhawan**, with original Engagement Order, Photo identity proof, & Medical fitness certificate within fifteen days from the date of issuance of this order.

Sl No	Appl ID	Name	Guardian's Name	Designation	Place of Posting
1	41530	Shri. Manas Kumar Bhattacharyya	Shri. Gobinda Lal Bhattacharyya	Programme Co-ordinator	State Head Quarter
2	41484	Smt. .Nabanita Kar	Shri. Sarbanu Kar	Programme Assistant	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