

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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No: HTB/Recr-119/2017/ 10108 (3)

Date: 02/03/2019

ORDER

In reference to the recruitment notice no SHFWS/2018/139, Dated 29.03.2018, the following candidates are hereby engaged for the position of "LABORATORY TECHNICIAN " under Revised National Tuberculosis Control Programme (RNTCP) on contract basis with a consolidated monthly remuneration of Rs.16,860/- (Rupees Sixteen Thousand Eight Hundred Sixty) 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	Mr. SHANTANU SAMANTA	Mr. TARUN SAMANTA	29-12-1990	UR (Gen)	13, Nakulyan, Nakole, Shyampur, Howrah, West Bengal - 711312	IRL, Kolkata
2	Mr. SANATAN BAR	Mr. MAHADEB BAR	01-09-1995	SC	Samantar Chak Chhoto Sanko, Akshaynagar, Harwood Point Coastal, Kakdwip, South 24 Parganas, West Bengal - 743347	North Bengal Medical College & Hospital
3	Ms. KHADIJA KHATUN	LATE SAYED ALI MOLLA	12-04-1995	OBC - A	Baroj, Haroa, North 24 Parganas, West Bengal - 743425	North Bengal Medical College & Hospital


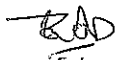
The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- 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 31/03/2019.
- 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 RNTCP fund (FMR code : B.30.01.04.05).
- 7) The candidates are directed to report for joining the position 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 & Caste Certificate, if any.

Reporting authority for joining

- Sl. No. 1 - OSD & Jt. DHS, In Charge STO, West Bengal. Swasthya Bhawan Kolkata.
Sl. No.2, & 3 - Chief Medical Officer of Health, Darjeeling.

- 8) The candidate 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
WB SH & FW Samiti


03/01/2019

Copy forwarded for information and necessary action to the:

- 1) The AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) The Principal, North Bengal Medical College & Hospital. The aforesaid candidates are to be utilised in the CDST Laboratory in your college.
- 3) The Additional DHS (AAV), West Bengal.
- 4) The OSD & Jt. DHS, In Charge STO, West Bengal, Swasthya Bhawan.
- 5) The Jt. DHS & Director STDC, Kolkata.
- 6) The DDHS (Admn.), West Bengal, Swasthya Bhawan.
- 7) The Chief Medical Officer of Health, Darjeeling. He is requested to refer the candidates to Principal, North Bengal Medical College & Hospital.
- 8) The MSVP, North Bengal Medical College & Hospital.
- 9) The Head of Department, Microbiology, North Bengal Medical College & Hospital .
- 10) The Sr. Accounts Officer, NHM, Swasthya Bhawan.
- 11) The DTO, Darjeeling.
- 12) The State Accounts Officer, State T.B. Cell, Swasthya Bhawan.
- 13) The Manager, HR Cell, GTZ Building, Swasthya Bhawan.
- 14) The System Co-Ordinator, IT Cell, for Web Posting.



Executive Director
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**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