

No: HFW/NRHM/272/2010/ 10311 (2)

Date: 28/02/2019


**ORDER**

In reference to the recruitment notice no. SHFWS/2018/163, dated: 23/07/2018, the following candidates are hereby engaged for the position of "District Asha Facilitator" under NHM on contract basis with a consolidated monthly remuneration of ₹ 15,000/- (Rupees Fifteen 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	SUBHAYU SAHA	DIPAK SAHA	17/1/1991	UR	SUBHAS PALLY, BABUL COTTAGE LANE, BURDWAN, WEST BENGAL, PIN-713101	PURBA BARDHAMAN DISTRICT
2	ARPON DAS	ARUN KUMAR DAS	22/8/1988	UR	CHOWDHURY PARA, BARUI PARA LANE, KRISHNAGAR, WEST BENGAL, PIN-741101	NADIA 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 position.
- 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 B1.1.5.1 fund (Tally Code).
- 7) The candidates are directed to report for joining for the position to the CMOH of concerned District with Original photo identity proof of himself or herself, downloaded engagement order & Medical fitness certificate (enclosed herewith).
- 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.

No: HFW/NRHM/272/2010/ 10311 (2)/1(9)

Date: 28/02/2019

Copy forwarded for information and necessary action to the:

- 1) The DHS, Dept. of Health & Family Welfare, Swasthya Bhawan.
- 2) The AMD, NHM, Dept. of Health & Family Welfare, Swasthya Bhawan.
- 3) The SFWO & Jt. DHS(FW), Dept. of Health & Family Welfare, Swasthya Bhawan.
- 4) The PO, NHM, Dept. of Health & Family Welfare, Swasthya Bhawan.
- 5) The ADHS (MCH), Dept. of Health & Family Welfare, Swasthya Bhawan.
- 6) The State NGO Coordinator & Nodal Officer, ASHA Programme, NHM, Swasthya Bhawan.
- 7-8) The CMOH, Purba Bardhaman / Nadia district. The CMOH will send the joining report immediately to the State ASHA Cell, Swasthya Bhawan for maintenance of HR database.
- 9) The Manager, HR Cell, GTZ Building, Swasthya Bhawan.

  
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)

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Signature of Candidate

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Attested