

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: HPH/NCD/07/2014(Part-1) /10344

Date: 08/03/2019

NOTICE

[Refer Recruitment Notice No SHFWS/2019/178 Dated 05/02/2019 for the position of State Epidemiologists-NCD under Non Communicable Diseases]

Selected candidate for the position of **State Epidemiologists-NCD under Non Communicable Diseases**, against which engagement order have been issued, is given below.

Selected candidate is hereby directed to report for joining to the **Jt.DHS(NCD), Swasthya Bhawan** with original Engagement Order, Photo identity proof, & Medical Fitness Certificate within fifteen days from the date of issuance of engagement order.

SI No	Name	Guardian's Name	Place of Posting
1	Dr. Santanu Sen	S/o. Late. Subrata Sen	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 :

.....

Three empty rectangular boxes stacked vertically.

- 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