

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: HFW/NCD-NTCP-35/2018 /10346

Date: 08/03/2019

NOTICE

[Refer Recruitment Notice No SHFWS/2018/168, Dated: 20.09.2018 for the position of State Consultant - National Tobacco Control Programme under National Health Mission (NHM)]

Selected candidate for the position of **State Consultant - National Tobacco Control Programme** under **NHM** against which engagement order have been issued, is given below.

Appl. ID	Name	Guardian's Name	Designation	Place of Posting
131415	Mrs. Toa Bagchi	Dr. Pradipta Dubey	State Consultant	State Head Quarter

Selected candidate is hereby directed to report for joining to the Jt. DHS, NCD, Swasthya Bhawan, Kolkata -700091 with original Engagement Order, Photo Identity Proof, & Medical Fitness Certificate within 15 (fifteen) days from the date of issuance of the engagement order.


Executive Director
WB SH & FW 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