

# 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: HIB/M/2W-0-1-011, Part-II/ 10752


Date: 31/05/2019

## ORDER

In reference to the Recruitment Notice No.: SHFWS/2018/153, dated 08-06-2018, **Mrs. Ipsita Dasgupta**, C/o Dr. Alok Kumar Ghosh residing at Swaranika Housing, BR9/5 Biren Roy Road (West), Sarsuna, Behala, South 24 Parganas, West Bengal, Pin-700061 is hereby engaged as **Consultant (Social Dev / PPP)** under **World Bank Assisted Malaria Control Programme** on contract basis for a period up to 31/03/2020 on a consolidated monthly remuneration of ₹40,490/- (Rupees forty thousand four hundred and ninety) only, and posted at **State Head Quarter, Swasthya Bhawan, Salt Lake, GN-29, Sector-V, Kolkata-700091.**

The order of engagement will take effect from the date she joins the position. The period of contract will automatically be terminated after expiry of 31/03/2020. The contractual period may be further renewed subject to approval of the position in the next financial year and satisfactory performance. The service may also be terminated by 01 (one) month's notice from either side. If the incumbent proposes to cease her work without covering one month's notice period, her remuneration will be deducted accordingly. Payment of remuneration will be made from FMR Code 16.8.1.42 (Tally code A.10).

Mrs. Ipsita Dasgupta has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS degree) in the enclosed proforma at the time of joining the position. The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.

  
Executive Director  
WB SH & FW Samiti

Date: 31/05/2019

Memo No: HIB/M/2W-0-1-011, Part-II/ 10752 11(10)

Copy forwarded for information and necessary action to:

1. The DHS, Department of H&FW, Govt. of West Bengal, Swasthya Bhawan.
2. The AMD, Department of H&FW, Govt. of West Bengal, Swasthya Bhawan.
3. The Jt. DHS (PH & CD), Department of H&FW, Govt. of West Bengal, Swasthya Bhawan.
4. The Deputy Secretary (PHP), Department of H&FW, Govt. of West Bengal, Swasthya Bhawan.
5. The Programme Officer-I, NHM, Swasthya Bhawan.
6. The DDHS (Malaria), Department of H&FW, Govt. of West Bengal, Swasthya Bhawan.
7. The Sr. AO, NHM, Swasthya Bhawan.
8. The Manager HR Cell, GTZ Building, Swasthya Bhawan
9. The System Co-Ordinator, IT Cell, for Web Posting.
10. Mrs. Ipsita Dasgupta is hereby directed to report for joining the position to The DDHS (Malaria), Swasthya Bhawan, with Medical Fitness Certificate and a Photo ID proof of yourself, within stipulated period mentioned above.

  
Executive Director

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 an account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :

(Seal)

---

Signature of Candidate

---

Attested