## 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 Tele Fax No:033-2357 7901/3636,e-mail-ed\_samity@wbhealth.gov.in

No: HIB/M/2W-01-11/Pt X / 10757

Date:

03/06/2019

ORDER

In reference to the Recruitment Notice No. SHFWS/2018/152, dated: 08/06/2018, the following candidates are hereby engaged for the position of District VBD Consultant (Malaria/Kala-Azar/AES-JE) under National Vector Borne Disease Control Programme (NVBDCP) on contract basis with a consolidated monthly remuneration of ₹ 36,380 (Rupees Thirty Six Thousand Three Hundred Eighty) only and posted in places as mentioned against their respective names in the column "Place of posting".

SI. No.	Reg. ID	Name of the Candidate	Caste	Address	Place of Posting
1	124301	Dr. KOUSIK ROY	sc	87, Murulia, Madhyamgram, Monteswar, Purba Bardhaman, West Bengal, Pin - 713422	Murshidabad
2	125156	PUSPENDU BISWAS	SC	Sarat Chandra Sarani, Hariharpur, Hridaypur, Barasat, North 24 Parganas, West Bengal, Pin - 700127	Nadia
3	126115	SAYANTAN PRADHAN	SC	Habibpur, Midnapur, Kotwali, Paschim Medinipur, West Bengal, Pin - 721101	Purulia
4	124257	PRITAM LETT	SC	Chikrand, Chanditala - II, Hooghly, West Bengal, Pin - 712304	Dakshin Dinajpur
5	126269	Mrs. MIMI BISWAS	SC	Milan Nagar, Nimta, North 24 Parganas, West Bengal, Pin - 700049	Jalpaiguri
6	124176	Mrs. NASIFA HASAN	OBC-A	P-49, Bijoynagar, 2 No. Bijoynagar Gate, Madhyamgram, North 24 Parganas, West Bengal, Pin- 700129	Howrah
7	124753	SANAULLA	PWD	Rampur, Bhagwangola, Murshidabad, West Bengal, Pin- 742113	Cooch Behar

## 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) This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2020.
- If the incumbent propose to cease his/her work without covering 1 month's notice period, his/her remunaration will be 3) deducted accordingly.
- The period of contract may be extended further subject to approval of the position in the next financial year and 4) satisfactory performance of the personnel.
- The service may also be terminated by one month's notice from either side.
- 6) Payment of remuneration will be made from FMR Code 16.8.2.2.2(Tally code-A.10)
- 7) The candidate are directed to report for joining the position to The CMOH of their respective District (place of posting) as mentioned against their names with downloaded engagement order, photo ID & address proof of himself/herself and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- After downloading the engagement order the candidates should join within 15 days from the date of issuance of this order along with all the documents mentioned above (point no 7).
- Any person failing to report to the designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
- No T.A. / D.A. is admissible for joining.

Executive Director. & FW Samiti (7)/1(17)

Date:

## Copy rwarded for information and necessary action to:

- 1) The DHS, Department of Health & Family Welfare, Govt. of West Bengal.
- 2) The AMD, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
- 3) The Jt. DHS, (PH & CD), Department of Health & Family Welfare, Govt. of West Bengal.
- 4) The DDHS (Malaria), Department of Health & Family Welfare, Govt. of West Bengal.
- 5) The Dy. Secy (PHP), Department of Health & Family welfare, Govt. of West Bengal.
- 6) The Programme Officer I, NHM, H & FW Department, Govt. of West Bengal.
- 7) The Sr. AO, NHM, Department of Health & Family Welfare, Govt. of West Bengal
- 15) HR Management Wing, SPMU, NHM.
- 16) The System Co-Ordinator, IT Cell, for Web Posting.
- 17 Office Copy

Executive Director, WBSH & FW Samiti

	i.	Fit	:
	ii.	Unfit an account of	:
	iii.	Temporarily unfit on account of	:
Dated:		Signature of the Medical Practition	ner
		Name :	
		Degree :	
		Regn. No. :	
		(Seal)	
* <u>====================================</u>			
Signature of Candidate			
Attested			