

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 / 10761 (2)

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 **Insect Collector** under **National Vector Borne Disease Control Programme (NVBDCP)** on contract basis with a consolidated monthly remuneration of ₹ 11,780/- (Rupees Eleven Thousand Seven Hundred Eight) only and posted in places as mentioned against their respective names in the column "**Place of posting**".

Sl. No.	Reg. ID	Name of the Candidate	Caste	Address	Place of Posting
1	124418	ASTIK BARIK	Gen	Dhobaru, Trilockchandrapur, Kanksa, Paschim Bardhaman, West Bengal, Pin- 713172	State Head Quarter
2	126025	SOUVIK DEBANGSHI	SC	1/6/17, Sukanta Sarani, Subhashpally, Durgapur Benachity, Durgapur, Paschim Bardhaman, West Bengal, Pin - 713213	State Head Quarter

**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 of Joining.
- 2) This engagement is purely on contract basis and will automatically be terminated after expiry of **31.03.2020**.
- 3) If the incumbent propose to cease his 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 FMR Code 16.8.1.4.2(Tally code-A.10)
- 7) The candidate are directed to report for joining the position to **The DDHS (Malaria), Department of Health & Family Welfare, Govt. of West Bengal. Swasthya Bhawan** with downloaded engagement order, photo ID & address proof of himself and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- 8) 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).
- 9) Any person failing to report to the designated office within stipulated period, may not be allowed to join later and his engagement stands cancelled after that period.
- 10) No T.A. / D.A. is admissible for joining.

  
Executive Director,  
WBSH & FW Samiti

No: HIB/M/2W-01-11/Pt X / 10761 (2)/1(11)

Date: 03/06/19

**Copy forwarded for information and necessary action to:**

- 1) The DHS, Department of Health & Family Welfare, Govt. of West Bengal.
- 2) The Senior Regional Director, FOHFW, Govt. of India, Kolkata.
- 3) The AMD, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
- 4) The Jt. DHS, (PH & CD), Department of Health & Family Welfare, Govt. of West Bengal.
- 5) The DDHS (Malaria), Department of Health & Family Welfare, Govt. of West Bengal.
- 6) The Dy. Secy (PHP), Department of Health & Family welfare, Govt. of West Bengal.
- 7) The Programme Officer I, NHM, H & FW Department, Govt. of West Bengal.
- 8) The Sr. AO, NHM, Department of Health & Family Welfare, Govt. of West Bengal
- 9) HR Management Wing, SPMU, NHM.
- 10) The System Co-Ordinator, IT Cell, for Web Posting.
- 11) Office copy

  
Executive Director,  
WBSH & 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 :

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)

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Signature of Candidate

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Attested