

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: HIB/M/2W-01-11/Pt X /

10762

Date:

03/06/2019


NOTICE

[Refer Recruitment Notice No SHFWS/2018/152, Dated: 08.06.2018 for different positions under National Vector Borne Disease Control Programme (NVBDCP)]

Selected candidates for the different positions under **National Vector Borne Disease Control Programme** against which engagement orders have been issued, is given below.

Appl. ID	Name	Guardian's Name	Designation	Place of Posting
126491	Soumya Manna	Debaprasad Manna	State Consultant-Vector Control	State Head Quarter
124365	Amit Kumar	Late Raj Kumar Ram	State Consultant-Vector-Control-ROHFW	State Head Quarter
124414	Dr. Kaushik Sanyal	Kajal Sanyal	Consultant (Entomologist)	State Head Quarter
125949	Priyanka Chatterjee	Tushar Kanti Chatterjee	State Data Manager	State Head Quarter

Selected candidates are hereby directed to report for joining to the DDHS (Malaria), Department of Health & Family Welfare, Govt. of West Bengal, 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 orders.


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 :

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