

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: HFW/NHM-48/2018/1246A.

Date: 16/03/2020.

ORDER

In reference to the recruitment notice no SHFWS/2018/149, dt: 23/05/2018, the following candidates are hereby engaged on contract for the position of "Sub Assistant Engineer - Civil" under NHM. They will get a consolidated monthly remuneration of ₹ 20,800/- (Rupees Twenty thousand eight hundred) only. They will be posted in places as mentioned against their respective names in the column "Place of posting".

Sl.	Name	Guardian's name	DOB	Caste	Address	Place of posting
1	BIDYASAGAR KHAN	GORA CHAND KHAN	4/11/1993	Gen	Malikota, Panua, Kotulpur, Bankura West Bengal 722141	Purba Medinipur
2	BASUDEB MISHRA	JOYDEB MISHRA	12/5/1988	Gen	Fulkushma, Barikul, Bankura West Bengal 722162	Nadia
3	SANJOY SAHA	NITYANANDA SAHA	18/8/1995	SC	Amlagora, Garhbeta Paschim Medinipur West Bengal 721121	Malda

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 joins the position.
- 2) The period of contract will automatically get terminated at the end of the current financial year. Thereafter, it will be for one year, unless renewed further.
- 3) The engagement in the said position is under NHM and shall be coterminous with NHM. However, the period of contract will be renewed every year till NHM continues and contract extended subject to satisfactory performance of the personnel.
- 4) The service may also be terminated by one month's notice from either side.
- 5) If the incumbent proposes to give up his work without covering 1 (one) month's notice period, his remuneration will be deducted accordingly.
- 6) Payment of remuneration will be made from NHM fund. (FMR Code: A.10.2.8.2)
- 7) The candidates are directed to report for joining the position at the office of the Chief Medical Officer of Health of their respective District (place of posting) mentioned against their names with downloaded engagement order, photo identity proof of himself, caste certificate (if any) issued by appropriate authority and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- 8) The candidates should join within 15 days from the date of issuance of this Order.
- 9) Any person failing to report to 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.


(Dr. Saumitra Mohan, IAS)
Executive Director
W.B.S.H. & F.W.S.

No: HFW/NHM-48/2018/1246A/109
Copy forwarded for information and necessary action to the:

Date: 16/03/2020.

- 1) AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) PO - 1, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 3) Sr. Accounts Officer, NHM, Health & Family Welfare Dept. Swasthya Bhawan.

4-6) Chief Medical Officer of Health, District, with a request to allow the candidates to join the position.

7) Engineer-in-Charge, SPMU, NHM, Swasthya Bhawan.

8) HR Cell, "Swasthya Sati", Swasthya Bhawan

9) IT Cell with the request to upload the order in the website of this Department


(Dr. Saumitra Mohan, IAS)
Executive Director
W.B.S.H. & F.W.S.

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