

# 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: H/SFWB/4P-01-2012 (HR)/ 1334

Date: 24.12.2020

## ORDER

In reference to the recruitment notice no SHFWS/2019/173, dated: 03/01/2019, **Indralina Sen**, C/o Suman Kumar Dey, residing at 2/60 Mukundapur, Flat No.4, 1st Floor Mukundapur Town, Mukundapur Purba Jadavpur, Kolkata, West Bengal, Pin -700099, is hereby engaged on contract basis for the position of **Consultant - PC & PNDT** in **PC&PNDT Cell** under **State Family Welfare Bureau, West Bengal**. She will get a consolidated monthly remuneration of ₹ 40,000/- (**Rupees Forty Thousand**) only. She will be posted at **PC&PNDT Cell, State Headquarter**.

The order of engagement will take effect from the date she joins the position. The period of contract will automatically be terminated at the end of the current financial year. Thereafter, it will be for one year, unless renewed further. The engagement in the said position is for PC&PNDT-State Family Welfare Bureau 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. The service may also be terminated by one month's notice from either side. If the incumbent proposes to give up her work without covering 1 (one) month notice period, her remuneration will be deducted accordingly.

Indralina Sen, has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS degree) in the enclosed proforma and a valid photo identity proof of herself at the time of joining the position. She is hereby requested to report for joining the position to the ADHS (AH) & SNO (PC&PNDT), Department of H & FW, Govt of West Bengal, within 15 (fifteen) days from the date of issuance of this order, failing of which this order of engagement will stand cancelled.

Payment of remuneration will be made from (FMR Code:16.2.1).



(Dr. Saumitra Mohan, IAS)  
Executive Director  
WB SH & FW Samiti

Memo No: H/SFWB/4P-01-2012 (HR)/ 1334

/1(8)

Date: 24.12.2020

Copy forwarded for information and necessary action to:

1. Mission Director, NHM & Secretary, Health & Family Welfare Department, Govt. of West Bengal.
2. Additional DHS, Department of Health & Family Welfare, Govt. of West Bengal.
3. Jt. Secretary (Law), Department of Health & Family Welfare, Govt. of West Bengal.
4. Jt. DHS (FW) & SFWO, Department of Health & Family Welfare, Govt. of West Bengal.
5. Programme Officer - I, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
6. ADHS (AH) & SNO (PC&PNDT), Department of Health & Family Welfare, Govt. of West Bengal.
7. HR Cell, "Swasthya Sathi" Building, Swasthya Bhawan.
8. Indralina Sen, is hereby requested to report for joining the position to the ADHS (AH) & SNO (PC&PNDT), Department of H & FW, Govt of West Bengal, Swasthya Bhawan.



(Dr. Saumitra Mohan, IAS)  
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)

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Signature of Candidate

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Attested