

Government of West Bengal
District Health & Family Welfare Samiti, Paschim Medinipur
CMOH Office: Zilla Swasthya Bhawan
Saratpally: Medinipur : Paschim Medinipur

Memo. No. DH&FWS-Mid(W)/S.N..NUHM/2020/1615

Date : 29 .09.2020

NOTICE

Ref: Recruitment Notice No.-DH&FWS-Mid (W)/NUHM/2019/10127 dated 24.10.2019.

Panel of selected Staff Nurse under NUHM:-:

Category:-Unreserved (UR)-Total Sheet-06

SI No	Name of the Candidates with address	Rank
1	Piali Singha,Debdas Singha,Vill-Bahargram,PO-Panskura,PS-Panskura,Dist-Purba Midnapore,Pin-721152	Waiting 1
2	Antara Ghorai,Kalipada Ghorai,B-14/2 Saratpally,Paschim Medinipur,Pin-721101	Waiting 2
3	Lona Mandal,C/O-Dharani Dhar Mandal,Vill-Durllabhanj,PO-Saibankura,PS-Garhbeta-III,Dist-Paschim Medinipur,Pin-721253	Waiting 4
4	Poulami Mal,C/O-Aloke Mal,Vill+PO-Goura,PS-Daspur,Dist-Paschim Medinipur,Pin-721146	Waiting 5
5	Mousumi Jana,C/O-Mantu Charan Jana,Vill-Satsatamal,PO-Jamuala Chhimpur,PS-Patashpur,Dist-Purba Medinipur,Pin-721422	Waiting 8
6	Arpita Khanra,C/O-Purna chandra khanra,Vill-Dakshinchanchiara,Po-Pratappur,PS-Panskura,Dist-Purba Medinipur,Pin-721152	Waiting 9

Category:-Scheduled Cast (SC)-Total Sheet-04

SI No	Name of the Candidates with address	Rank
1	Ayantika Mandal,C/O-Sukumar Mandal,Zilla Parishad Complex,Staff Quarter,Po-Midnapur,PS-Kotwali,Dist-Paschim Medinipur,Pin-721101	Waiting 1
2	Sudipa Jana,C/O-Pradip Kumar Jana,Vill-Kashmuli,Po-Porolda,PS-Belda,Dist-Paschim Medinipur,Pin-721445	Waiting 2
3	Ranu Shit,C/O-Gopal Chandra Shit,Vill-Khanbichak,Po-Maligram,Ps-Pingla,Dist-Paschim Medinipur,Pin-721140	Waiting 3
4	Aparna Mondal,C/O-Ashoke kumar Mondal,Vill-Chandrakona Road(Aparnapally),PO- Satbankura.PS-Garhbeta,Dist-Paschim Medinipur,Pin-721253	Waiting 4

Category:-Other Backward Cast-B (OBC-B)-Total Sheet-01

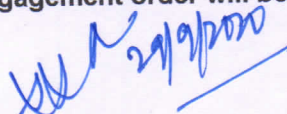
SI No	Name of the Candidates with address	Rank
1	Chetana Debnath,C/O-Arun Debnath,Mahatabpur,PO-Midnapore,Ps-Kotwali,Dist-Paschim Medinipur,Pin-721101	Waiting 1

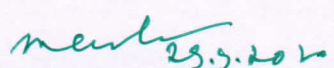
Category:-Other Backward Cast-A (OBC-A)-Total Sheet-02

SI No	Name of the Candidates with address	Rank
1	Munmun Mandal,C/O-Hatem Ali Mandal,Vill-Nabakola,PO-Satbankura,PS-Garhbeta,Dist-Paschim Medinipur,Pin-721253	Waiting 1
2	Sonali Khatun,C/O-Sk Sofi,Vill-Mahammadpur,PO-Nilpur,PS-Nandigram,Dist-Purba Medinipur,Pin-721631	Waiting 2

The above selected candidates are hereby instructed to attend the office of the undersigned on 06/10/2020 at 11:00 AM positively along with photo identity proof (Voter/Addhaar Card), Non Judicial stamp Paper worth Rs. 10/-, one blank demy paper and medical Fitness certificate (enclosed herewith issued by the registered M.B.B.S. Practitioners and one Passport size photo. **Failure which the candidature will be liable to be cancelled without further Notice.**

N.B:- Engagement order will be issued on the above date i.e. 06/10/2020 by hand.


Dy. CMOH-I & Nodal Officer,
NUHM, Paschim Medinipur


Member Secretary, DH&FWS
& CMOH, Paschim Medinipur

**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 on account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :
(Seal)

Signature of Candidate

Attested

