

**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/NRHM/753/2011/ 1837 (2)

Date: 29.05.2019

**ORDER**

In reference to the recruitment notice no SHFWS//2017/110, Dated: 01/08/2017, the following candidates are hereby engaged for the post of "DISTRICT PROGRAMME CO-ORDINATOR" under NHM on contract basis with a consolidated monthly remuneration of `24,700/- (Rupees Twenty four thousand seven hundred) only and posted in the District as shown against their respective names in the column "Place of posting" until further order.

SI No	Name of the Candidate	Date of Birth	Name of Guardian	Category	Address	Place of Posting
1	SUBHA ADHYA	18-12-1985	KHAGENDRA NATH ADHYA	UR	9/7A Kalicharan Ghosh Road Kolkata Sinthee Baranagar North 24 Parganas West Bengal 700050	Alipurduar District
2	GOURANGA MONDAL	02-12-1977	Mrs. ARATI MONDAL	SC	4 NORTH KAORA PARA NAIHATI NAIHATI NAIHATI North 24 Parganas West Bengal 743165	Malda District

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/she joins the post.
- 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 their work without covering 1 month's notice period, their remuneration will be deducted accordingly.
- 4) The period of contract may be extended subject to approval of the position in the next financial year and satisfactory performance.
- 5) The service may also be terminated by one month's notice from either side.
- 6) Payment of remuneration will be made from RCH Flexipool under NHM (Code A.10.2.1).
- 7) The candidates are directed to report for joining the post 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, caste certificate (if any) issued by appropriate authority and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioner.
- 8) The candidates should join within 15 (fifteen) days from the 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/her engagement stands cancelled after that period.
- 10) No T.A. / D.A. is admissible for joining.


  
Executive Director  
WBSH & FW Samiti

Date: 29.05.2019

No:HFW/NRHM/753/2011/ 1837 (2)/1(10)

Copy forwarded for information and necessary action to:

- 1) The Managing Director, WB Medical Service Corporation Limited, Swasthya Bhawan.
- 2) The Additional Mission Director, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 3) The Programme Officer-I, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 4) The Programme Officer-II, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 5) The Sr. Accounts Officer, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 6) The SO-I, NHM, Swasthya Bhawan.
- 7-8) The Chief Medical Officer of Health, Alipurduar / Malda District, with a request to allow the candidates to join the post.
- 9) The Manager, HR Cell-Recruitment Wing, GTZ Building, Swasthya Bhawan.
- 10) HR Cell-Management Wing, "Swasthya Sathi" Building, Swasthya Bhawan.

  
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