



District Health & Family Welfare Samiti
Paschim Medinipore District
Registration number S/1L/11,111 of 2002-2003
Zilla Swasthya Bhawan, Saratpally, Midnapur-721101
E-mail: dhfws_mid_west@yahoo.com

Memo. No. DH&FWS-Mid (W)/2022/ 2645

Date: 03.11.2022

Notice

Ref. No. Recruitment Notice Memo No. DH&FWS-Mid(w)/2022/ 2085 dt. 03.08.2022 advertisement done for the post of Specialist Medical Officer for Urban Polyclinic under 15th Finance Commission – Health Grant on Contractual basis.

A. Following candidates are hereby provisionally selected as Specialist Medical Officer (G&O) for Urban Polyclinic under XVFC

Sl. No.	Name	Address	Remarks
1	DR. RITWIK SAMANTA	CHIRIMARSAI, BASANTA SHAW LANE, P.O. - MIDNAPORE, P.S. - KOTWALI, DIST - PASCHIM MEDINIPUR, PIN - 721101	Selected

B. Following candidates are hereby provisionally selected as Specialist Medical Officer (Medicine) for Urban Polyclinic under XVFC

Sl. No.	Name	Address	Remarks
1	DR. DEBASISH SINHA	214/3/26, S.K. DEB ROAD, CHOWDHURY BAGAN, P.O. - SREEBHUMI, P.S. - LAKETOWN, PODDAR PRINCE, 1ST FLOOR, FLAT - 1D, KOLKATA - 700048	Selected

The above selected candidates are hereby instructed to attend the CMOH Office, Paschim Medinipur (DPMU HR Section) personally on 10.11.2022 along with one non-judicial stamp paper of Rs. 100/- (Rupees one hundred) and other relevant documents in connection with the Recruitment of Specialist Medical Officer for Urban Polyclinic under XVFC under 15th Finance Commission – Health Grant and photo Identity proof & a medical fit certificate from any MBBS (WBMC) doctor in a attached format for taking engagement order during office hours.

03.11.22

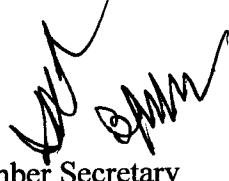
[Signature]
Member Secretary DH&FWS
& CMOH, Paschim Medinipur

Memo No. DH&FWS-Mid(W)/2022/ 2645-1(16)

Date: 03.11.2022

Copy forwarded for information to:-

1. The Chairperson of the DLSC, Paschim Medinipur
2. The Mission Director, NHM & Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
3. The Executive Director, WBSHFWS, Swasthya Bhawan, Kolkata – 91
4. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
5. The Senior Special Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
6. The Addl. Mission Director, NHM & Joint Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
7. The District Magistrate, Paschim Medinipur
8. The Programme Officer, NHM & Dy. Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
9. The Addl. District Magistrate (ZP), Paschim Medinipur
10. The OC (Health), Paschim Medinipur
11. The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, Paschim Medinipur
12. The ACMOH, Sadar / Kharagpur/ Ghatal
13. The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata – 91
14. The DIO, NIC – with request to publish advertisement in the official webpage of Paschim Medinipur
15. The IT Specialist, Dept. of Health & Family Welfare, Swasthya Bhawan, Kolkata – 91 – he is requested to publish this advertisement in the wbhealth.gov.in website
16. The DPMU Section for overall management of recruitment process.


CMOH & Member Secretary
DH&FWS, Paschim Medinipur

**Medical Certificate in case of appointment of candidates under
District Health & Family Welfare Samiti, Paschim Medinipur**

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 District Health & Family Welfare Samiti, Paschim Medinipur 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 District Samiti.
 Sri / Smt.'s age is, according to his own statement
 Year, 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 : Sugar
- m. identification marks :
- n. The Candidate :

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