

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

Memo No: SHFWS/ESTD-867/2015/ 8489

Date: 29/08/2017

ORDER

Mr. Pranay Sarkar, C/o Mr. Dwijendra Sarkar, residing at Vill+P.O- Narayanpur, Haringhata, Narayanpur, Nadia, West Bengal, Pin-741249 is hereby engaged as **Data Manager** under National Urban Health Mission (NUHM) on contract basis on a consolidated monthly remuneration of ₹ 23,270/- (Rupees twenty three thousand two hundred and seventy) only and posted at **District Programme Management Unit of DH & FW Samiti, North 24 Parganas District.**

The order of engagement will take effect from the date he joins the position. The period of contract will automatically be terminated after expiry of **31-03-2018**. The contract may be renewed on the basis of satisfactory performance. The service may also be terminated by one month's notice from either side. If the incumbent proposes to cease his work without covering 01 (one) month's notice period, his remuneration will be deducted accordingly.

Mr. Pranay Sarkar has to produce a Medical Certificate from the registered Medical Practitioner (holding MBBS degree) in the enclosed proforma and a valid photo identity proof of himself at the time of joining the position. He is hereby requested to report for joining the position to the CMOH, North 24 Parganas.

Payment of remuneration will be made from **NUHM fund**. The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.

Sanghamitra Ghosh

**Executive Director
WB SH & FW Samiti**

Memo No: SHFWS/ESTD-867/2015/ 8489 1(9)

Date: 29/08/2017

Copy forwarded for information and necessary action to:

1. The Director of Health Services, Department of Health & Family Welfare, Govt. of West Bengal.
2. The Additional Secretary (H&FW) & AMD, NHM, Department of H&FW, Govt. of West Bengal.
3. The DFA, Department of H&FW, Govt. of West Bengal.
4. The PO, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
5. The Sr. AO, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
6. The SNO, NUHM, Department of Health & Family Welfare, Govt. of West Bengal.
7. The CMOH, North 24 Parganas District.
8. The Manager, HR Cell, GTZ Building, Swasthya Bhawan.
9. Pranay Sarkar, is hereby requested to report for joining the position to the CMOH, North 24 Parganas.

Sanghamitra Ghosh

**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 on account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :
(Seal)

Signature of Candidate

Attested