

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/NHM-48/2018

924 (5)

Date: 09/03/19


ORDER

In reference to the recruitment notice no SHFWS/2018/149, Dated: 23/05/2018, the following candidates are hereby engaged for the position of "Sub Assistant Engineer - Electrical" under NHM on contract basis with a consolidated monthly remuneration of ₹ 20,800/- (Rupees Twenty thousand eight hundred)only and posted in the District as shown against their respective names in the column "Place of posting" with the direction to look after their duties in the posted district including the places mentioned in the column "Additional area of work" until further order.

Sl.	Name of the Candidate	Name of Guardian	Date of Birth	Caste	Address	Place of Posting	Additional area of work
1	SUBHAJIT ROY	SWAPAN ROY	26-11-1988	(UR) Gen	123/13, Ghana Shyam Banerjee Road, Vidhya Sagar Sarani, Nimta, North 24 Parganas, West Bengal, Pin-700049	Paschim Medinipur	Jhargram
2	TAPAS MONDAL	KARTICK MONDAL	14-01-1990	(UR) SC	GB Colony, PO-Saguna, Chakdaha, Kalyani, Nadia, West Bengal, Pin-741245	Nadia	Malda & Murshidabad
3	SK FAIJUR RAHAMAN	SK MUGIBUR RAHAMAN	07-11-1987	(UR) OBC-A	WB-69 No-36A Bus Stand Road, Ghurisha, Illambazar, Birbhum, West Bengal, Pin-731214	Birbhum	Rampurhat HD
4	PRAVASH KARMAKAR	PRADIP KARMAKAR	17-08-1994	(UR) SC	Chinakuri Road, Radhanagar, Sundarchak, Kulti, Asansol, Paschim Bardhaman, West Bengal, Pin-713360	Bankura	Purulia & Bishnupur HD
5	SAYAN BALA	MONOJ KUMAR BALA	08-08-1992	SC	Natunpara, Chandua, Bizpur, North 24 Parganas, West Bengal, Pin-743145	Purba Medinipur	Howrah & Nandigram HD

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 position.
- 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 his/her work without covering 1 month's notice period,his/her 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 **NHM fund**. (FMR Code: remuneration to District Level Sub-Assistant Engineer Wing RCH (A.10.2.8.2))
- 7) The candidates are directed to report for joining the position 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 of himself or herself, caste certificate (if any) issued by appropriate authority and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- 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

Copy forwarded for information and necessary action to:

- 1) AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) PO, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 3) Sr. Accounts Officer, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 4) SO-I, NHM, Swasthya Bhawan.
- 5-17) Chief Medical Officer of Health, District, with a request to allow the candidates to join the position.
- 18) Manager, HR Cell, GTZ 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 on account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :
(Seal)

Signature of Candidate

Attested