

# WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration No: S/IL/14448 of 2002-2003

Swasthya Bhawan, 'B' Wing, 3<sup>rd</sup> Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

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Memo No: SHFWS/ESTD-867/2015

19844

Date:

12/10/2018

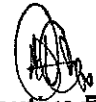
## NOTICE

[Refer Recruitment Notice No SHFWS/2017/117 Dated 13/10/2017 for the position of Data Manager under NUHM ]

Selected candidates for the position of **Data Manager** under **National Urban Health Mission (NUHM)** against which engagement orders have been issued, is given below.

Selected candidates are hereby directed to report for joining to the **Chief Medical Officer of Health of concerned district as mentioned in the engagement orders**, with original Engagement Order, Photo Identity Proof, Caste Certificate (if any) & Medical Fitness Certificate within **2<sup>nd</sup> November, 2018** (excepting Govt. Holidays).

SI No	Appl Id	Name	Guardian's Name	Caste	Place of Posting
1	85383	Shri. Agniv Ghosh	Shri. Manabendra Ghosh	General	CPMU Asansol Municipal Corporation
2	85133	Shri. Hriday Sarkar	Shri. Arun Sarkar	SC	DPMU North 24 Parganas District.



Executive Director  
W B S H & F W 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)

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Signature of Candidate

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Attested