



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)/2023/349

Date: 27.02.2023

Notice

Ref. No. Recruitment Notice No. DH&FWS-Mid(w)/2023/090 dt. 13.01.2023 , advertisement published for the post of LDA, Accountant and GDA for District Level AYUSH Set up, Paschim Medinipur on Contractual basis

(1) Following candidate is hereby provisionally selected as LDA for District Level AYUSH set up

Sl. No.	Name	Address
1	Sri AMAL CHAKRABORTY	At + P.O. - Abash, Dist - Paschim Medinipur, Pin - 721102

(2) Following candidate is hereby provisionally selected as Accountant for District Level AYUSH set up

Sl. No.	Name	Address
1	Sri PRADESHI CHARAN PRADHAN	R-14/5, Saratpally, Dakbunglow Road, P.O. - Midnapore, P.S. - Kotwali, Dist - Paschim Medinipur, Pin - 721101

(3) Following candidates are hereby provisionally selected as GDA for District Level AYUSH set up

Sl. No.	Name	Address
1.	SYED NAZRUL BARI	Mia Bazar, Chandan Bazar Astana, P.O. - Midnapore, P.S. - Kotwali, Dist - Paschim Medinipur, Pin - 721101
2.	SANTA KUMAR PRADHAN	18/22, Rabindranagar, Midnapore, Dist - Paschim Medinipur, Pin - 721101

The above selected candidates are hereby instructed to attend the CMOH Office, Paschim Medinipur (DPMU HR Section) personally within 06.03.2023 along with one non-judicial stamp paper of Rs. 100/- (Rupees one hundred) and other relevant documents in connection with the Recruitment of LDA, Accountant and GDA for District Level AYUSH Set up, Paschim Medinipur and photo Identity proof & a medical fit certificate from any MBBS (WBMC) doctor in a attached format for taking engagement order during office hours.

CMOH & Member Secretary
DH&FWS, Paschim Medinipur

Date: 27.02.2023

Memo. No. DH&FWS-Mid (W)/2023/349/1(13)

Copy forwarded for information to:-

1. The Mission Director, NHM & Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
2. The Executive Director, WBSHFWS, Swasthya Bhawan, Kolkata – 91
3. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
4. The Addl. Mission Director, NHM & Joint Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
5. The District Magistrate, Paschim Medinipur
6. The Programme Officer, NHM & Dy. Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
7. The Addl. District Magistrate (ZP), Paschim Medinipur
8. The OC (Health), Paschim Medinipur
9. The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, Paschim Medinipur
10. The DMO (AYUSH), Paschim Medinipur
11. The HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata – 91
12. The IT Specialist, Dept. of Health & Family Welfare, Swasthya Bhawan, Kolkata – 91 – he is requested to publish this advertisement on the wbhealth.gov.in website
13. 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