

**Government of West Bengal**  
**District Health & Family Welfare Samiti, Paschim Medinipur**  
**CMOH Office: Zilla Swasthya Bhawan**  
**Saratpally: Medinipur : Paschim Medinipur**

Memo. No. DH&FWS-Mid(W)/S.N..NUHM/2020/

Date : .10.2020

**NOTICE**

**Ref: Recruitment Notice No.-DH&FWS-Mid (W)/NUHM/2019/10127 dated 24.10.2019.**

**Panel of selected Staff Nurse under NUHM:-:**

**Category:-Unreserved (UR)-Total Sheet-04**

SI No	Name of the Candidates with address	Rank
1	Arpita Tripathi,C/O-Arabinda Tripathi,Vill+PO- Barangi,PS-Dantan,Dist-Paschim Medinipur,Pin-721457	Waiting 11
2	Doli Paul,C/O- Krishna Chandra Paul,Vill-Lapur (Namapara)PO-Ramsagar,PS-Onda,Dist-Bankura,Pin-722147	Waiting 12
3	Trisha Adhikari,C/O-Somnath Adhikari,PO+PS-Salboni,Dist-Paschim Medinipur,Pin-721147	Waiting 13
4	Ankita Kamila,C/O-Khokan kamila,Vill+PO-Mdhabpur,PS-bhupatinagar,Dist-Purba Medinipur,Pin-721626	Waiting 15

**Category:-Scheduled Cast (SC)-Total Sheet-02**

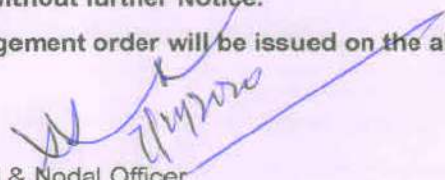
SI No	Name of the Candidates with address	Rank
1	Sanghabi Bisai,C/O-Tapas Bisai,Vill-Lapuria,PO-Garhbeta.Dist-Paschim Medinipur,Pin-721127	Waiting 05


**Category:-Other Backward Cast-A (OBC-A)-Total Sheet-02**

SI No	Name of the Candidates with address	Rank
1	Reshma Khatun,C/O-Rabiul Khan,Vill+PO-Kotebarh,PS-Chandipur,Dist-Purba Medinipur,Pin-721633	Waiting 03

The above selected candidates are hereby instructed to attend the office of the undersigned on 14/10/2020 at 11:00 AM positively along with photo identity proof (Voter/Addhaar Card), Non Judicial stamp Paper worth Rs. 10/-, one blank demy paper and medical Fitness certificate (enclosed herewith issued by the registered M.B.B.S. Practitioners and one Passport size photo. **Failure which the candidature will be liable to be cancelled without further Notice.**

**N.B:- Engagement order will be issued on the above date i.e. 14/10/2020 by hand.**

  
Dy. CMOH-I & Nodal Officer,  
NUHM, Paschim Medinipur

  
Member Secretary, DH&FWS  
& CMOH, Paschim Medinipur

**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

