

Government of West Bengal
Department of Health and Family Welfare
Directorate of Health Services
Administration Branch
Wing-B, 2nd Floor, Swasthya Bhawan,
GN 29, Sector V, Salt Lake, Kolkata -700091

Memo. No. HFW-43011(18)/3/2020-ADMIN SEC/A 3141

Dated 07/10/2020

To
The CMOH, All Districts including Health Districts,


Subject: Format for sending List of selected candidates for engagement
as MT (CC) on contractual basis

Reference: G.O. No. HF/O/HS(MA)/1086/HFW-43011(18)/3/2020-ADMIN SEC (DHS),
dated 24.09.2020.

In connection with subject matter and reference stated above, this is for your information that the CMOH of the districts have been allowed to engage total 157 MT (CC) on contractual basis following the Guideline prescribed in the said order. In the Guideline it has been categorically mentioned that after selection of candidates, the CMOH of the districts will send list of selected candidate to the Director of Health Services for approval and after obtaining the approval, the approved candidates will be engaged on contractual basis by the CMOH of the districts on execution of individual contract.

In this regard, enclosed herewith find the format for sending list of selected candidates for obtaining approval from the end of Directorate of Health Services.

Hence you are requested to send the list of candidates as per attached format after completion of selection process for obtaining approval from this end through email (adhsadm@gmail.com).

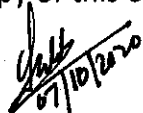

Director of Health Services
West Bengal

Memo. No. HFW-43011(18)/3/2020-ADMIN SEC/A 3141/1(G)

Dated 07/10/2020

Copy forwarded for information and necessary action please to:

1. The Addl Secretary (HS) to Govt of West Bengal,
2. The Director of Medical Education, West Bengal,
3. The Dy Secretary (HS), West Bengal,
4. The DDHS (Admin), West Bengal,
5. The ADHS (Admin) West Bengal,
6. The System Co-ordinator, IT Cell with request for posting of a copy of this order in departmental Website


Director of Health Services
West Bengal

FORMAT FOR SENDING THE LIST OF SELECTED CANDIDATES FOR OBTAINING APPROVAL FROM THE END OF DIRECTOR OF HEALTH SERVICES IN CONNECTION WITH ENGAGEMENT IN THE POST OF MEDICAL TECHNOLOGIST (CC) ON CONTRACTUAL BASIS IN TERMS OF ORDER NO HF/O/HS(MA)/1086/HFW-43011(18)/3/2020 ADMIN SEC, DATED 24.09.2020

Sl No	Name of the candidate	Name of Father	Gender	Address	Reservation Category	Date of Birth (DD/MM/YYYY)	Qualification				Score obtained			
							HS (Name of the Board/ Council)	Year of Passing	Diploma/ Degree in Critical Care Technology (Name of Faculty/ University)	Year of Passing	In HS Qualification	In Diploma/ Degree in CC Technology	In Interview	Total

Signature of the CMOH with office seal