



**District Health & Family Welfare Samiti  
Paschim Medinipur District**

**Registration number S/1L/11,111 of 2002-2003  
Zilla Swasthya Bhawan, Saratpally, Midnapur-721101**

**E-mail: [dhfws\\_mid\\_west@yahoo.com](mailto:dhfws_mid_west@yahoo.com)**

Memo. No. DH&FWS-Mid (W)/2023/140

Date: 24.01.2023

**Notice**

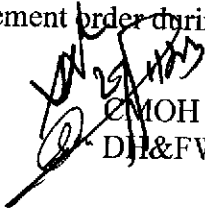
Ref. No. Recruitment Notice No. DH&FWS-Mid(W)/2021/315 dt. 12.02.2021, advertisement done for the post of **Medical Social Worker under for NRC** on Contractual basis

(A) Following candidates are hereby provisionally selected **Medical Social Worker under for NRC [Category - SC]**, Paschim Medinipur

(B)

Sl. No.	Name	Address
1	Sri Brajagopal Bera	C/O - Nagendranath Bera, Village - Singda, PO - Kotepada, PS - Dantan, District - Paschim Medinipur, PIN - 721426

The above selected candidates are hereby instructed to attend the CMOH Office, Paschim Medinipur (DPMU HR Section) personally on 01.02.2023 along with one non-judicial stamp paper of Rs. 100/- (Rupees one hundred) and other relevant documents in connection with the Recruitment of **Medical Social Worker under for NRC** and photo Identity proof & a medical fit certificate from any MBBS (WBMC) doctor in a attached format for taking engagement order during office hours.

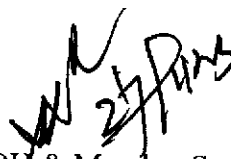
  
CMOH & Member Secretary  
DH&FWS; Paschim Medinipur

Memo. No. DH&FWS-Mid (W)/2023/140 - 1(13)

Date: 24.01.2023

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 Senior Special Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
5. The Addl. Mission Director, NHM & Joint Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
6. The District Magistrate, Paschim Medinipur
7. The Programme Officer, NHM & Dy. Secretary to the Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
8. The Addl. District Magistrate (ZP), Paschim Medinipur
9. The OC (Health), Paschim Medinipur
10. The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, 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 in 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 :                 |
| f. Lung :                         |   | e. Blood Pressure :          |
| i. Spleen:                        |   | h. liver :                   |
| 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