

# 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: HPH/9M-06/2018 /152

Date: 16.11.2021

## NOTICE

[Refer Recruitment Notice No SHFWS/2021/214, dated: 09/02/2021 and SHFWS/2021/215, dated: 09/02/2021 for the position of Technical Officer (Lab Services) in National Viral Hepatitis Control Programme (NVHCP) under National Health Mission]

The details of the selected and waitlisted candidates for the position of Technical Officer (Lab Services)-North Bengal Medical College & Hospital and Technical Officer (Lab Services)-Burdwan Medical College & Hospital under NHM are mentioned below:

SL. No.	Appl. ID	Applicant Name	Guardian's Name	DOB	Recruitment Notice No with date	Remarks
1	182955	Dr. Arnab Saha	Amar Saha	08-12-1987	SHFWS/2021/214, dated: 09/02/2021	Selected
NO Panel						
1	187001	Dr. Jayeeta Haldar	Late Chitta Ranjan Haldar	08-10-1986	SHFWS/2021/215, dated: 09/02/2021	Selected
NO Panel						



Dr. Saumitra Mohan, IAS  
Executive Director  
WB SH & FW 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 an 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