



**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](mailto:dhfws_mid_west@yahoo.com)

Memo. No. DH&FWS-Mid (W)/2023/ 955

Date: 18.05.2023

**Notice**

Ref. No. Recruitment Notice No. DH&FWS-Mid(w)/2023/074 dt. 11.01.2023 , advertisement done for the post of **Staff Nurse for UPHC under NUHM** on Contractual basis.

(1) Following candidates are hereby provisionally selected as **Staff Nurse for UPHC under NUHM [Category - UR]** , Paschim Medinipur

Sl. No.	Application ID	Name	DOB	Remarks
1.	309124	Mr. SAYAN PAIRA	31-07-1994	Selected
2.	310444	Mrs. PRAVATI DAS	02-05-1996	Selected
3	307816	Ms. TAMALIKA DEY	06-09-2000	Selected
4	307351	Ms. POULAMI MANDAL	30-08-1998	Selected
5	307206	Ms. MITALI BOXI	10-10-1998	Selected
6	310398	Ms. SHRABONI SARKAR	13-03-2000	Selected
7	307123	Ms. PARAMITA KOLYA	05-07-1998	Selected

(2) Following candidates are hereby provisionally selected as **Staff Nurse for UPHC under NUHM [Category - SC]** , Paschim Medinipur

Sl. No.	Application ID	Name	DOB	Remarks
1.	310562	Ms. TANIA BISWAS	10-01-2001	Selected
2.	308279	Ms. JYOTSHNA CHANDA	01-01-1996	Selected
3.	310191	Ms. TANUJA MANDAL	11-05-2000	Selected
4.	307623	Mr. KAPILDEB BARMAN	09-04-2000	Selected

(3) Following candidates are hereby provisionally selected as **Staff Nurse for UPHC under NUHM [Category - ST]** , Paschim Medinipur

Sl. No.	Application ID	Name	DOB	Remarks
1.	306554	Ms. SHATABDI SAREN	22-01-1994	Selected

*Handwritten signature and date: 18/5/23*

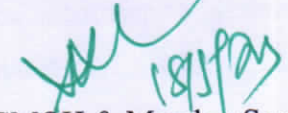
(4) Following candidates are hereby provisionally selected as **Staff Nurse for UPHC under NUHM [Category - OBC-A]**, Paschim Medinipur

Sl. No.	Application ID	Name	DOB	Remarks
1.	307156	Mrs. ALEMA KHATUN	07-07-1998	Selected
2.	307849	Ms. TOSLIMA NASRIN	27-12-1998	Selected

(5) Following candidates are hereby provisionally selected as **Staff Nurse for UPHC under NUHM [Category - OBC-B]**, Paschim Medinipur

Sl. No.	Application ID	Name	DOB	Remarks
1.	308225	PURNIMA DEY	12-03-2000	Selected

The above selected candidates are hereby instructed to attend the CMOH Office, Paschim Medinipur (DPMU HR Section) personally on 25.05.2023 along with one non-judicial stamp paper of Rs. 100/- (Rupees one hundred) and other relevant documents in connection with the Recruitment of **Staff Nurse for UPHC under NUHM** 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: 18.05.2023

Memo. No. DH&FWS-Mid (W)/2023/ 955-1(14)

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 (Health), Paschim Medinipur
9. The OC (Health), Paschim Medinipur
10. The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, Paschim Medinipur
11. The ACMOH, Sadar / Kharagpur/ Ghatal
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 HR Cell, State Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata – 91
14. 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 :                         |   | g. Heart :                       |
| i. Spleen:                        | : |                                  |
| j. Hernia (present or absent)     | : |                                  |
| k. Hydroceles (present or absent) | : |                                  |
| l. urine                          |   | i. Specific Gravity :            |
| m. identification marks           | : |                                  |
| n. The Candidate                  | : | ii. Albumin : Sugar              |

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