## District Health & Family Welfare Samiti, Diamond Harbour Health District

(Registered under West Bengal Act XXVI of 1961 No S/M/1324 of 2014-15)

Office of the Chief Medical Officer of Health

Diamond Harbour Health District Diamond Harbour South 24 Parganas Pin 743331 Phone: 03174-256310 Fax: 03174-256311 e-mail id cmohdhhd@gmail.com

Memo No. CMOH/DH&FWS/ 528

Date: 07.02.2018

## **Engagement Notice**

With reference to Memo no. CMOH /DHHD/3668, Dated-10.08.17 the following candidates have been selected accordingly for engagement in the vacant post of (BAF) Block ASHA Facilitators under Diamond Harbour Health District.

Selected Candidates are requested to report to the Secretary DH & FW Samity and Chief Medical Officer of Health, Diamond Harbour Health District. Within 26.02.18 for joining otherwise the next candidate from the panel will be called for joining the vacant post. The Panel will be valid for the one year from the date of approval of the

engagement. Separate engagement letter will be issued from the DH&FW Samity accordingly.

SI. No	Sub Division	Registration ID/Roll no/Unique ID	Name of the Block ASHA Facilitators	Caste	Proposed place of Posting(BPHC/RH)
-1	Kakdwip	007/KDS/BAF/2017	Prithwish Tripathy	UR	Sagar RH
2		008/KDS/BAF/2017	Prasun Sardar	ST	Madhabnagar RH
21	Diamond	33	Santwana Kar	UR	Panchagram RH
22	Harbour	22	Premananda Chakorborty	UR	Sarisha BPHC
23		46	Sutrishna Naskar	UR	Baneswarpur RH
24		3	Khadija Parvin	UR	Mathurapur RH

All concerned are hereby informed accordingly. Enclo: Proforma for Medical Certificate

Member Secretary

D.H & F.W Samity, South 24 Parganas

& Chief Medical Officer of Health

Date: 07.02.2018

Memo No. CMOH/DH&FWS/ 528/1(18)

Copy forwarded for information & necessary action:

- 1. Sri. Giyasuddin Mollah, Hon'ble MIC & Chairperson, BAF Selection Committee, Diamond Harbour Health District
- 2. The Mission Director (NHM), Swasthya Bhawan, WB
- 3. The District Magistrate, South 24 Parganas, Alipore
- 4. The Additional District Magistrate, South 24 Parganas, Alipore
- 5. The Officer in Charge(Health), South 24 Parganas
- 6. The DPO, South 24 Parganas, Alipore
- 7. The State ASHA Cell, Swasthya Bhawan, W.B.
- 8. The DPHNO, Diamond Harbour Health District
- 9. The SDO, Diamond Harbour & Kakdwip Sub Division. (With request wide publicity & taking necessary action).
- 10. The BDO Diamond Harbour I, Diamond Harbour II, Magrahat I, Mathurapur I, Patharprotima & Sagar (With request wide publicity & taking necessary action).
- 11. The ACMOHs/Superintendents- Diamond Harbour Health District (With request wide publicity & taking necessary action).
- 12. The Superintendents Sagar RH, Madhabnagar RH, Panchagram RH, Banaswarpur RH, Mathurapur RH
- 13. The BMOH Sarisha BPHC
- 14. DIO, NIC, South 24 Parganas with request to upload the notice in www.s24pgs.gov.in web-site
- 15. IT-Coordinator, Swasthya Bhawan with request to upload the notice in www.wbhealth.gov.in web-site.
- 16. DSM, South 24 Parganas with request to upload the notice in www.spghealth.gov.in web-site.
- 17. The DPC, DHHD
- 18. The DAF, DHHD

Member Secretary

D.H & F.W Samity, South 24 Parganas & Chief Medical Officer of Health

## Medical Certificate in case of appointment of candidates under District Health & Family Welfare Samiti

Nam	e c	of the ca	ndidate in full (in block l	etters)	:		
Heig	ht	(without	shoe)		:	Cm	
Weig	jht				;	Kg	
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Mr./	Mis	s/Mrs			's a	yment in the office of I ge is, according to his/her years	own statemen
i	а.	Genera	I Development		:	Good/Fair/Average/Poor	
	0.	Vision			:	Right Eye:	Left Eye:
		i. ii. iii.	Uncorrected/Naked eye Corrected Nature and degree		:		
	С.	Teeth:		d. Heari	ng:	e. Blood pressure	<b>:</b> :
1	f. L	.ung:	g. Heart		:	h. Liver:	
į	. S	pleen			:		
i. Spleen j. Hernia (present or absent)				:		9	
	k. ł	Hydroec	eles (present or absent)		:		
	l. U	Irine i. S	pecific Gravity	ii. Albumin		iii. Sugar	
j	m.	Identific	cation marks:	-			
n. The Candidate is:							

	i. Fit :				
	ii. Unfit on account of				
	iii. Temporarily unfit on account of :				
Dated:	Signature of the Medical Practition	Signature of the Medical Practitioner			
	Name:				
	Degree:				
	Regn. No: (Seal)				
Signature of Candidate					
Attested	•				