

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

Ref No. **SUDA-Health/201 Pt./08/207**

Date **22.10.2014**

From : Director, SUDA

**To : The Chairman
Alipurduar Municipality**

Sub. : Procurement of X-ray and ECG Machine.

Sir,

With reference to your communication vide no. 418/UPHCS dt. 06.08.2014 on the subject mentioned above, this is to request you to submit specification of proposed equipment along with estimated cost for taking up the matter with Department of Municipal Affairs.

Thanking you.

Yours faithfully


Director, SUDA

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STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-Health/201 Pt./08/206

Date 22.10.2014

From : Director, SUDA

To : Sri B.C. Patra
Special Secretary
Department of Municipal Affairs
Writers' Building.

Sub. : Prayer of Health Workers of UPHCS, Alipurduar Municipality.

Sir,


Enclosed kindly find herewith communications of the Chairman, Alipurduar Municipality vide no. 419/UPHCS dt. 06.08.2014 which is self explanatory.

You are requested to look into the matter.

Thanking you.

Yours faithfully,

Encl. : As stated.

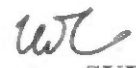

Director, SUDA

SUDA-Health/201 Pt./08/206/1(1)

Dt. .. 22.10.2014

CC

The Chairman, Alipurduar Municipality w.r.t. his communication
no. 419/UPHCS dt. 06.08.2014


Director, SUDA

OFFICE OF THE MUNICIPAL COUNCILLORS, ALIPURDUAR

Memo No. 419/UPHCS

P.O. ALIPURDUAR COURT
Dist. Alipurduar
Pin : 736122

From :

Anindya Bhowmik.

Chairman

Date:- 06/08/2014

To
The Project Officer
"Healthwing" SUDA
ILGUS – Bhavan, H-C Block
Sector-III, Bidhan Nagar
Kolkata-700091



Sub:-Prayer of health workers of U.P.H.C.S ,Alipurduar Municipality for introducing various facilities

Madam,

This is to bring to your kind notice that health workers of U.P.H.C.S, Alipurduar Municipality have placed following request before the under signed.

- 1) Permission to be given to serve above 60 years of age
- 2) At the time of retirement, terminal benefit for Rs.3 Lacs, pension @ Rs.3000 per month and monthly honorarium @ Rs.10000 to be considered .
- 3) Introduction of E.P.F deduction to be considered.

In view of above, you are requested to look into the matter and do the needful.

Decision taken into this matter may kindly be intimated to this office for information of Health workers.

Thanking you.

Sincerely yours

al
6.8.14

Chairman

Alipurduar Municipality



Alipurduar Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS, ALIPURDUAR

Memo No. 418/UPHCS

P.O. ALIPURDUAR COURT
Dist. Alipurduar
Pin : 736122

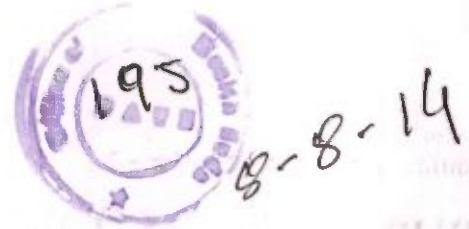
From :

Anindya Bhowmik.

Chairman

Date:- 06/08/2014

To
The Project Officer
"Healthwing" SUDA
ILGUS – Bhavan, H-C Block
Sector-III, Bidhan Nagar
Kolkata-700091



Sub: -Request for allotment of fund for procurement of X-ray & E.C.G machines.

Madam,

This is to bring to your kind information that the X-ray & E.C.G machines which were supplied to this municipality at the time of inception of the I.P.P-VIII (extn.) Now U.P.H.C.S have already outlived their utility and are beyond economical repair.

In view of above, I would request your honour to kindly look into the matter and either arrange to allot a fund for procurement of X-ray & E.C.G machines or supply the same from your end.

Thanking you.

Sincerely yours

6.8.14
Chairman
Alipurduar Municipality

Chairman
Alipurduar Municipality



Office Fax- 03564-256134
Office Ph.No. 03564-255580

OFFICE OF THE MUNICIPAL COUNCILLORS, ALIPURDUAR

Memo No :- 195/UP/14

From :- Dr. Mohit Kr. Santra
M.B.B.S. (Cal)
Health-Officer

P.O. Alipurduar Court

Dist. Jalpaiguri

Date :- 10/04/14

To

The Project Officer,
'Health Wing' 'SUDA'
ILGUS BHAVAN, H-C Block
Sector-III, Bichannagar
KOLKATA- 91



Chhola
S.S. 14

Sub : Monthly Report on Growth Monitoring Programme
- Children under five for February & Mar'14.

Madam,

Monthly report on Growth Monitoring Programme
under five children is submitted herewith for your
perusal and further necessary action please.

Thanking you,

Yours faithfully,

Enclo: 03 (Three).


MS
Health Officer
Alipurduar Municipality
Health Officer
Alipurduar Municipality

ALIPURDUAR MUNICIPALITY

For the month of March, 2014. 20

Reporting Format for Growth Monitoring of Under Five Children

Total No. of U-5 Children	No. of U-5 Children Weighed	Normal Weight	No. of U-5 Children With				No. of Mal-nutrition cases	
			Gr. - I	Gr. - II	Gr. - III	Gr. - IV	Referred	Hospitalised
<u>Feb'14</u> 1692	625	571	48	6	-	-	-	-
<u>Mar'14</u> 1695	800	712	82	6	-	-	-	-


Health Officer
 Alipurduar Municipality

Office Phone No. 03564-256134

OFFICE OF THE MUNICIPAL COUNCILLORS, ALIPURDUAR

MEMO NO :- UPHCS/183 183
FROM :- DR. MOHIT KR. SANTRA
HEALTH-OFFICER

P.O. ALIPURDUAR COURT
DIST. JALPAIGURI.

DATE:- 10/02/14

To

The Project Officer
'Health Wing' 'SUDA'
'ILGUS BHAVAN' H-C Block
Sector-III, Bidhannagar
K O L K A T A - 91



Sub : Monthly Reports regarding Growth Monitoring Chart
(under five Children) for the month of Dec'13 &
Jan'14 of UPHCS, Alipurduar Municipality

Madam,

Monthly report on Growth Monitoring Chart under
five children, for the month of Dec'13 and Jan'14 are
submitted herewith for your perusal and further necessary
action please.

Thanking you,

Yours faithfully

Mohit
Health Officer
Alipurduar Municipality

Enclo: 01.

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ALIPURDUAR MUNICIPALITY

For the month of Jan 20 14

Reporting Format for Growth Monitoring of Under Five Children

Total No. of U-5 Children	No. of U-5 Children Weighed	No. of U-5 Children With					No. of Mal-nutrition cases	
		Normal Weight	Gr. - I	Gr. - II	Gr. - III	Gr. - IV	Referred	Hospitalised
Dec '13. 1706	585	511	70	2	2	-	-	
Jan '14. 1714	609	526	82	1				


 Health Officer
 Alipurduar Municipality

ehw
30.12.13

Office Phone No 03564-255580

Office Fax No. 03564-256134

OFFICE OF THE MUNICIPAL COUNCELLORS, ALIPURDUAR

MEMO NO.: 172 / U P HCS
FROM :- DR. MOHIT KUMAR SANTRA
HEALTH OFFICER

P.O.. ALIPURDUAR COURT

DIST : JALPAIGURI

PIN CODE :- 736122

DATE :- 09/12/13

To

The Project Officer,
' Health Wing ' 'SUDA'
ILGUS BHAVAN' H-C Block
Sector-III, Bidhannagar
Kolkata- 91



Sub : Monthly report on Growth Monitoring Programme under
05 Children- U.P.H.C.S. Alipurduar Municipality

Madam,

Monthly report on the above subject is submitted herewith
for your kind perusal and further necessary action please.

Thanking you,

Yours faithfully,

Health Officer
Alipurduar Municipality

Encl: As Stated.


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ALIPURDUAR MUNICIPALITY

For the month of Oct & Nov 20 13

Reporting Format for Growth Monitoring of Under Five Children

	Total No. of U-5 Children	No. of U-5 Children Weighed	Normal Weight	No. of U-5 Children With					No. of Mal-nutrition cases	
				Gr. - I	Gr. - II	Gr. - III	Gr. - IV	Referred	Hospitalised	
Oct	1487	573	532	40	1	-	-	-	-	
Nov	1500	600	520	70	10	-	-	-	-	


 Health Officer
 Alipurduar Municipality

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-Health/201(Pt.)/08/179

Date 05.09.2013

From : Director, SUDA

**To : The Chairman
Alipurduar Municipality**

**Sub. : Submission of Statement of Expenditure (SOE)
in respect of UPHCS since July, 2012.**

Sir,

You are requested to submit SOE relating to UPHCS [erstwhile IPP-VIII (Extn.)] since the period July, 2012 on quarterly basis as per proforma enclosed herewith.

The said SOE may be sent by 16.09.2013 for Audit purpose.

Thanking you.

Yours faithfully,


Director, SUDA

Dt. .. 05.09.2013

SUDA-Health/201(Pt.)/08/179/1(2)

CC

1. Finance Officer, Alipurduar Municipality
2. Executive Officer, Alipurduar Municipality


Director, SUDA

UPHCS

Status on Fund received & SOE submitted :

(Amount in Rs.)

..... Quarter FY

	A/C Head				
	Hon. / Salary	Contingency	Drug	Rent	Total
B/F Balance					
Fund Received					
Total Available Fund					
SOE Submitted					
Balance in hand					

Signature of Chairperson / Vice-Chairperson

UPHCS

Voucher Details Statement for the Quarter of FY

Voucher No. & Date	Item of Expenditure	Nature of Expenditure	Amount (Rs.)
Vr. No. Date	Hon. / Salary	Hon. to HHWs Hon. to FTSS
.....	Contingency	For HP For ESOPD For MH For DC
.....	Drug	For HP For ESOPD For MH
.....	Rent	For SC
TOTAL			

N.B. : Not to enclose any copies of bills & vouchers.

Signature of Chairperson / Vice-Chairperson