

Phone No. : 2586-6414  
2585-3172  
Fax No. : 2585-0226

Office of The Board of Councillors  
**HALISAHAR MUNICIPALITY**

P.O. HALISAHAR, NORTH 24 PARGANAS, PIN - 743134

No

Date .....

From: The Health Officer,  
Halisahar Municipality



To: The Director,  
SUDA  
ILGUS Bhawan  
Kolkata - 700107

Sub: Bank accounts

Attention: Dr. S. Goswami  
Adviser (Health) SUDA,  
Kolkata

PO(H)  
3/6

Madam,

The following are the details of the  
bank accounts of Halisahar Municipality:

S. No.	Bank	Branch	Account No.
1.	State Bank of India	Halisahar	1099 322104A
2.	Punjab National Bank	Halisahar	0210002100000637

This is submitted for your needful please.

Thanking you.

Yours sincerely,  
Niganta Chatterjee  
Health Officer  
Halisahar Municipality



**HALISAHAR MUNICIPALITY**

No. 314/6-17

Date 24.1.17

From,  
The Medical Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of December, 2016

Thanking you.

Yours truly,

Medical Officer  
Halisahar Municipality

Medical Officer  
NUHM  
Halisahar Municipality

.....*Halisahar*..... Municipal Corporation / Municipality


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
4446	3303	2570	594	133	06	0	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December ✓
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
Medical Officer

N U H M

Halisahar Municipality

The Office of the Board of Councillors

**HALISAHAR MUNICIPALITY**

No. 234/G-17

Date. 18/11/2016

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



22-11-2016

Attn.: Dr. S. Goswami, Health Advisor, SUDA

Sub: Submission of monthly weight chart report, UPHCS – I, II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of.....05.11.2016

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Medical Officer  
• NUHM  
Halisahar Municipality

PO. Halisahar, PS. Bizpore, North 2 Parganas, PIN 743134

Ph. +91 33 2588-8414 / 2585-3172 • Fax. 2585-0226 • halisaharmycity@yahoo.co.in • www.halisahar.org

.....Halisahar

.....Municipal Corporation / Municipality

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
4539	3436	2621	664	149	62	6	0	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October ✓
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

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- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
Medical Officer

NUHM

Halisahar Municipality



**HALISAHAR MUNICIPALITY**

No. 85/G-17

Date 26/07/16

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS – I, II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of June, 2016

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
**HALISAHAR MUNICIPALITY**


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 to Health Officer	Hospitalised
4642	3872	3041	667	158	06	0	06	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June ✓
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

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- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISSAHAR MUNICIPALITY

**HALISAHAR MUNICIPALITY**

No- .....

Date .....

To  
The Secretary,  
Municipal Affairs Department,  
Govt. of West Bengal.,  
Writers' Buildings, Kol- 700001



Sub : Engagement of Health Officer.

Sir,

I am to draw your kind attention to the fact that the Health Officer of this Municipality, Dr. Diganta Chatterjee will be retired from the Services on 30.6.2016.

In this connection , I would request you to kindly arrange for engagement of the Health Officer so that the Municipality may perform all the Health activities including programmes of NUHM smoothly.

This may kindly be treated as urgent.

Yours faithfully

*sdt*

Chairman,  
Halisahar Municipality.



No. 48/G-1-17 Dt. 12.5.16.  
Copy forwarded for information & necessary action to:

- ✓ 1. The Project Officer (Health) , SUDA.
2. The CMOH, North 24 Parganas, Barasat.

*Ar*

Chairman,  
Halisahar Municipality.



*fw*

SUDA

The Office of the Board of Councillors  
**HALISAHAR MUNICIPALITY**



No. 390 / G-16  
Date 13 / 01 / 2015

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



*18-1-16*

Attn.: Dr. S. Goswami, Health Advisor, SUDA

Sub: Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of December 15

Thanking you.

Yours truly,

*fw* Health Officer  
Halisahar Municipality

.....*HalisaKare*.....Municipal Corporation / Municipality

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 to H/O	Hospitalised
4714	3893	3106	676	109	02	0	02	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December ✓
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*[Signature]*  
 Health Officer  
 MUNICIPALITY



# HALISAHAR MUNICIPALITY

No. 298/G-16

Date. 05/11/15

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



6-11-15

**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month  
of... October 2015

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY .

Halisahare

Municipal Corporation / Municipality

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 to Hospitalised	
4397	3798	2945	743	108	02	0	02	0

- Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October ✓
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*Handwritten signature*

Health Officer  
HALISAHAR MUNICIPALITY



**HALISAHAR MUNICIPALITY**

No. 229/G-16

Date 17/09/15

From

The Chairman  
Halisahar Municipality

To

The Director  
SUDA

**Attn.:** Project Officer (Health), SUDA.

**Sub:** Staff strength of UPHCS.

Sir,

We remind you that we corresponded with you regarding the sheer short fall of ground level health personnel in UPHCS who are directly responsible for delivery of basic health services.

We also mention that we are fully aware of the Govt. order stating the upper age limit of 60 years for health personnel at all levels.

We were surprised to discover the suo-motu deduction of funds from your end in the current financial year from your end where you have probably deleted the names of those personnel who have attained the age of 60 years. It is also stated that no list of personnel whose services were terminated has been forwarded to your office in this year by the office of the under signed.

It is urged that no reduction in the allotment of funds in the honorarium head be made from your end with out getting an intimation of termination of services of health personnel of any category from this end.

Thanking you.

Yours truly

Chairman

Halisahar Municipality.

*Chairman*

*Halisahar Municipality*



**HALISAHAR MUNICIPALITY**

No. 230/G-16  
Date 17/9/15

From  
The Chairman  
Halisahar Municipality

To  
The Director  
SUDA

Attn.: Project Officer (Health), SUDA.

**Sub: Staff in ESOPD.**

Sir,

The ESOPD in Halisahar Municipality has been running since August, 2012. Among the authorised personnel specialist doctors and other staff have been engaged since then. We have engaged a **clerk** and a **nurse** right from the start to facilitate the smooth running of the OPD. The allotment of Govt. Funds from your end false short of the fund requisitioned as per our calculation for the first two quarters of the financial year 2015-2016.

The difference in the requisitioned fund and the allotted fund is not of a big amount. We urge you to kindly allot the said funds so that we do not fall in financial difficulties and the running of the ESOPD be jeopardized.

Thanking you.

Yours truly

Chairman  
Halisahar Municipality.

*a* Chairman  
Halisahar Municipality



**HALISAHAR MUNICIPALITY**

No. 293/G-16  
Date 17/09/15

From  
The Chairman  
Halisahar Municipality

To  
The Director  
SUDA

Attn.: Project Officer (Health), SUDA.

**Sub:** Working personnel in ESOPD.

Sir,

As per the honorarium bill for the month of August, 2015 for ESOPD personnel in Halisahar Municipality the following is the staff strength:

- |                       |   |     |
|-----------------------|---|-----|
| 1. Specialist Doctors | - | 8 ✓ |
| 2. MO                 | - | 2 ✓ |
| 3. Pharmacist         | - | 1 ✓ |
| 4. Clerk              | - | 1 ✓ |
| 5. Nurse              | - | 1 ✓ |
| 6. Attendant          | - | 1 ✓ |
| 7. Sweeper            | - | 1 ✓ |

We expect that the honoraria of the above personnel would be credited to the ULB through Govt. funds in the future without any interruption till you are informed of the termination of services of any personnel from this end.

Thanking you.

Yours truly

Chairman  
Halisahar Municipality  
*Chairman*  
Halisahar Municipality



**HALISAHAR MUNICIPALITY**

No. 234/G-16  
Date 17/09/15

From  
The Chairman  
Halisahar Municipality

To  
The Director  
SUDA

Attn.: Project Officer (Health), SUDA.

Sub: Working personnel in UPHCS.

Sir,  
As per the honorarium bill for the month of August, 2015 for UPHCS personnel in Halisahar Municipality the following is the staff strength:

1. PTMO	-	1 ✓
2. Second Tier Supervisor	-	2 ✓
3. First Tier Supervisor	-	14 12
4. HHW	-	80 77
5. Clerk	-	1 ✓
6. Attendant	-	4 ✓
7. Sweeper	-	3 ✓
8. Clerk (outsourced)	-	1 X

We expect that the honoraria of the above personnel would be credited to the ULB through Govt. funds in the future without any interruption till you are informed of the termination of services of any personnel from this end.

Thanking you.

Yours truly

Chairman  
Halisahar Municipality  
Chairman  
Halisahar Municipality





**HALISAHAR MUNICIPALITY**

*[Handwritten signature]*

No. 219/G-16

Date 08/09/2015

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

Sub: Submission of monthly weight chart report, UPHCS - I, II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of.... August, 2015

Thanking you.

Yours truly,

*[Handwritten signature]*

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY


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	
4312	3468	2597	710	156	03	0	154/0	03	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August ✓
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. – I & Gr. – II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. – III & Gr. – IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY



**HALISAHAR MUNICIPALITY**

No. 99/9-16  
Date 22.6.15

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I, II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of.....June, 2015

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

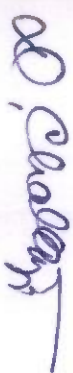
Reporting Format for Growth Monitoring of Under-Five Children

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
41590	3629	2786	740	129	04	0	04	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June ✓
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

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- Gr. – III & Gr. – IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALSAHAR MUNICIPALITY

No. 40/31-16  
Date 13/05/2015

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I, II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of.....April? 20.15

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
**HALISAHAR MUNICIPALITY**

.....Halisahar.....Municipal Corporation / Municipality

Reporting Format for Growth Monitoring of Under-Five Children

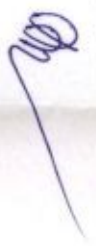
Total No. of U-5 Children	No. of U-5 Children Weighed	No. of U-5 Children with				No. of Mal-nutrition cases		
		Normal Weight	Gr. - I	Gr. - II	Gr. - III	Gr. - IV	Referred	Hospitalised
4581	3674	2809	706	150	09	0	09 Referred 15/10	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April ✓

- Report to be prepared at Sub-Centre Level by FTS.
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- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

Health Officer  
HALISAHAR MUNICIPALITY

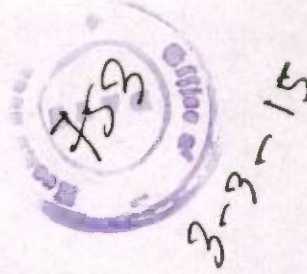




**HALISAHAR MUNICIPALITY**

No. 438/G-15  
Date 02/03/2015

From,  
The Health Officer  
Halisahar Municipality



To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS – I,II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of..... February 15

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

Halisahar

Municipal Corporation / Municipality

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
4565	3713	2796	706	205	06	0	06 Referred to Mo	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February ✓
For February - March	15 <sup>th</sup> of April

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- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

Health Officer  
HALISAHAR MUNICIPALITY



SUDA - December 2014

*[Handwritten signature]*



The Office of the Board of Councillors

**HALISAHAR MUNICIPALITY**

No. 341 / G-15

Date 30/12/2014



From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS - I,II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of December 2014

Thanking you.

Yours truly,

*[Handwritten signature]*

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

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
4586	3589	2770	674	141	04	0	referred to Wp-04	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December ✓
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- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

Health Officer  
HALISAHAR MUNICIPALITY



**HALISAHAR MUNICIPALITY**

No. 257/6-15  
Date 28.10.14.

From,  
The Health Officer  
Halisahar Municipality



P.O. (H)  
[Signature]

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS – I,II & III.**

Madam.

Please find enclosed along with the monthly weight chart report for the month of October 2014

Thanking you.

Yours truly,

[Signature]

Health Officer  
Halisahar Municipality

Health Officer  
**HALISAHAR MUNICIPALITY**

...Halisahare Muvarejipally Municipal Corporation / Municipality

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
4671	3647	2817	678	148	04	0	04	0

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October ✓
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

Health Officer  
HALISAHAR MUNICIPALITY



# HALISAHAR MUNICIPALITY

No. 77-15  
Date 25/6/14

From  
The Chairman  
Halisahar Municipality

To  
Dr. Nirmalendu Saha, M.B.B.S.  
Nanna Hospital Road,  
P.O.- Jethia, P.S. - Bizpur



**Sub: Appointment as Part Time Medical Officer.**

As per acceptance of your application for the post of Part Time Medical Officer in U.P.H.C.S. you are here by engaged as Medical Officer on part time basis at a consolidated and fixed salary of Rs. 4188.00 only per month on the following terms and conditions:

1. Your appointment as Part Time Medical Officer will be for a period of 6 months only for the present.
2. You will work as Part Time Medical Officer purely on "no work no payment basis" for U.P.H.C.S. at Halisahar Municipality with effect from 01.07.2014 or the day he reports for duty.
3. The minimum duty hours for you would be 4 hours (12 noon to 4:00 p.m.) daily or till the work is finished, whichever is later, except Sundays and Municipal holidays.
4. Your duties will be as follows:
  - a) You will attend to patients, on call from the H.H.Ws at the residence of beneficiaries and visit all the sub-centers at least once / twice a week according to pre-determined schedule to provide medical check-up and to supervise the immunization and other activities of the sub-center.
  - b) You will submit indents for the sub-center(s) for supplies of medicines, vaccines etc. from the stores of the HAU.
  - c) The ambulatory cases requiring services of a specialist will be referred by you to the extended O.P.Ds.
  - d) Cases requiring hospitalization or investigation will be referred either by the M.O. or by the Specialized Medical Officer of the E.S.O.P.D. to the regional Hospital / Laboratory earmarked for the area.
  - e) Any other duty assigned from time to time by the Health Officer.
5. This engagement of P.T.M.O. will not entitle you to any right to any service of permanent / temporary or any other nature at any time in future.
6. You will be liable to be dismissed without assigning any reason thereof and / or without any notice if you fail to perform your duties properly or due to circumstances which may not require your services.
7. You will also abide by the rules and instructions which will be issued by the Municipal Authority from time to time.
8. This engagement will be for 6 (six) months initially from the date of joining and further extension will depend on your performance and / or the requirement of the E.S.O.P.D. and Maternity.

*Sd/-*  
Chairman  
Halisahar Municipality

NO 77/1-15

DT 25.6.14

Copy to:

✓ 1. The Director, SUDA, for information.

2. The Health Officer, Halisahar Municipality.

*Am*  
Chairman  
Halisahar Municipality

**HALISAHAR MUNICIPALITY**

No. <sup>(2)</sup> 112/9-15  
Date 10.7.14

From,  
The Health Officer  
Halisahar Municipality



To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

Attn.: Dr. S. Goswami, Health Advisor, SUDA

Sub: Submission of monthly weight chart report, UPHCS - I, II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of..... June-2014

Thanking you.

olc

Yours truly,

Health Officer  
Halisahar Municipality  
**Health Officer**  
**HALISAHAR MUNICIPALITY**  
SM

Hausa Municipality.....Municipal Corporation / Municipality

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
4539	3461	2680	617	157	07	-	Referred to HS	AM

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June ✓
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*S. Challa*

Head Officer  
HAUSA MUNICIPALITY  
SM



**HALISAHAR MUNICIPALITY**

No. 26-15

Date 07/5/14

From,  
The Health Officer  
Halisahar Municipality



To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

*Chatterjee*  
*14.5.14*

**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of April 2014

Thanking you.

Yours truly,

*A. Chatterjee*

Health Officer  
Halisahar Municipality

**Health Officer**  
**HALISAHAR MUNICIPALITY**



...Halisahar... Municipal Corporation / Municipality


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
4778	3848	3010	655	175	08	-	Referred 15/10	NIL

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April ✓

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY



# HALISAHAR MUNICIPALITY

*Shankar*

No. 524/G-14.....

Date. 10/03/2014

From.  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS – I,II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of.... February..2014

Thanking you.

Yours truly,

*A. Chatterjee*

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

*Health & Safety... Municipal Corporation / Municipality*

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
4887	3850	2964	717	164	05	-	Referred to H/O	NIL

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February ✓
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY  
 Sm

*[Handwritten signature]*

No. 397/G-14  
Date 09/01/14

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS - I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of... December 2014

Thanking you.

Yours truly,

*[Handwritten signature]*

Health Officer  
Halisahar Municipality

Health Officer  
**HALISAHAR MUNICIPALITY**

Halisahar Municipality Municipal Corporation / Municipality

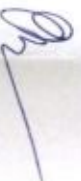
Reporting Format for Growth Monitoring of Under-Five Children

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
5097	3918	2940	718	259	04	—	Referred to Dr	Nu

- Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December ✓
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY  
 Sm



**HALISAHAR MUNICIPALITY**

No... 285/G-14

Date... 09.10.2013

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart report, UPHCS - I,II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of.. October? 2013

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

*Halesohar Municipality*  
 Halesohar Municipality Municipal Corporation / Municipality


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
5060	4189	3326	681	176	06	-	Ref to HO	NIL

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August
For August – September	15 <sup>th</sup> of October ✓
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. – I & Gr. – II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. – III & Gr. – IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY



**HALISAHAR MUNICIPALITY**

*[Handwritten Signature]*

No. 194/2/14  
Date 5/8/12

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



12 SEP 2013

**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of..... August 2013

Thanking you.

Yours truly,

*[Handwritten Signature]*

Health Officer  
Halisahar Municipality

**Health Officer  
HALISAHAR MUNICIPALITY**



.....Halisa Sahar.....Municipal Corporation / Municipality

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
4950	4356	3575	607	171	03	-	Referred to	NIL

- Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April – May	15 <sup>th</sup> of June
For June – July	15 <sup>th</sup> of August ✓
For August – September	15 <sup>th</sup> of October
For October – November	15 <sup>th</sup> of December
For December – January	15 <sup>th</sup> of February
For February – March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*A. Chellappa*  
Health Officer  
HALISAHAR MUNICIPALITY



# HALISAHAR MUNICIPALITY

No. 49/G-14

Date 25/04/13

From,  
The Chairman /Vice-Chairman  
Halisahar Municipality

*To check  
non chkm.*

To,  
The Director  
SUDA, Ilgus Bhavan  
Kolkata



**Sub: Requirement of medicines in ESOPD.**

Sir,  
The attached list of drugs for ESOPD supported under CUDP - III is our projected quarterly requirement for which approval of the list and funds are sought for procurement of the same.

Thanking you.

Yours truly,

*Ranjit* 25.4.13

Chairman / Vice-Chairman  
Halisahar Municipality

*Hono. - Sp.Doc 8 @ 2600, PT Mo 2 @ 3350  
Cent - 3000/pm  
Dangy - 60000/2hr.  
Pharmacist 1 @ 1025  
Clerk 1 @ 1000*

*Fy 12-13. - 3rd Dangy x Cent x  
4th 60000 9000*

Sl. No.	Name of Medicine / Consumables etc.	Date of last purchase with AA & FS no. & date	Quantity in stock (closing balance)	Quantity required	Quantity sanctioned	Remarks
1	Inj. Lignocaine Hcl 2% without Adrenaline		Nil	10		
2	Inj. Lignocaine Hcl 2% with Adrenaline		Nil	60		
3	Paracetamol 500 mg. Tab.		Nil	5000 Tab.		
4	Paracetamol Kid Tab.		Nil	1000 Tab.		
5	Ibuprofen 200 mg.		Nil	3000 Tab.		
6	Diclofenac 50 mg. Tab.		Nil	1000 Tab.		
7	Chlorpheniramine 4 mg.		Nil	500 Tab.		
8	Promethazine Elixir 5 mg. / 5 ml.		Nil	50 Bott.		
9	Diazepam 5 mg. Tab. (Scored Tab.)		Nil	100 Tab.		
10	Metronidazole Suspension 25 mg. / 5 ml.		Nil	10 Bott.		
11	Inj. Atropin Sulphate 0.6 mg. / 1 ml. amp.		Nil	X		
12	Folic Acid 5 mg. Tab.		Nil	3000 Tab.		
13	Furazolidone 100 mg. Tab.		Nil	X		
14	Furazolidone Suspension 25 mg. / 5 mg.		Nil	10 Ph		
15	Sulphamethoxazole 400 mg. & Trimethoprim 80 mg. combined Tab.		Nil	2000 Tab.		
16	Sulphamethoxazole 100 mg. & Trimethoprim 20 mg. combined Tab.		Nil	500 Tab.		
17	Amoxicillin 250 mg. Cap. / Tab.		Nil	2000 Tab.		
18	Amoxicillin 125 mg. Kid Tab.		Nil	500 Tab.		
19	Ciprofloxacin Hydrochloride 500 mg. Tab.		Nil	1500 Tab.		
20	Tab. Norfloxacin 400 mg. (Scored Tab.)		Nil	1000 Tab.		
21	Erythromycin 250 mg. Tab.		Nil	1000 Tab.		
22	Erythromycin granules equivalent to erythromycin base 100 - 250 mg. / 5 ml. reconstituted		Nil	30 Ph		
23	Chloramphenicol 1% eye applicap		Nil	X		
24	Chloramphenicol 1% otic soln. (sterile)		Nil	20		
25	Cloxacillin I.P. / B.P. 250 mg.+ Ampicillin 250 mg. Cap.		Nil	2000		
26	Mebendazole 100 mg. Tab.		Nil	2000 Tab.		
27	Pyrantel I.P. 10 ml.		Nil	20		
28	Albendazole Tab. 400 mg. (Scored)		Nil	200 Tab.		
29	Diethyl carbarmazine citrate 50 mg. Tab.		Nil	X		
30	Clotrimazole Ointment		Nil	20 Ph		
31	Clotrimazole vaginal Tab.		Nil	50 Tab.		
32	Ferrous Sulphate 200 mg. coated Tab.		Nil	4000 Tab.		
33	Atenolol 50 mg. Tab.		Nil	200		
34	Isosorbide dinitrate 10 mg.		Nil	100 Tab.		
35	Nifedipine 10 mg. Cap. / Tab.		Nil	100 Tab.		
36	Miconazole Oint. / cream 2 % in tube pack		Nil	20		
37	Benzoic Acid and Salicylic acid ( 6% & 3 %) ointment in tube		Nil	X		
38	Silver Sulphadiazine 1% cream		Nil	10		
39	Potassium permanganate crystal		Nil	10		
40	Benzyl Benzoate I.P. 500 ml. Bot.		Nil	2		
41	Antiseptic lotion 5 Lit.		Nil	5		
42	Cresol with soap soln. 50 % 5 Lit.		Nil	15		
43	Phenyle liquid (R-W 5-7) (I.S.I.) mark 5 Lit		Nil	25		
44	Gentian Violet		Nil	X		
45	Mercurochrome		Nil	X		
46	Combined Gastric Antacid Tab.		Nil	5000 Tab.		
47	Famotidine 20 mg. Tab.		Nil	1000 Tab.		
48	Ranitidine 150 mg. Tab.		Nil	3000 Tab.		
49	Metoclopramide 10 mg. Tab.		Nil	X		
50	Oxyphenonium Bromide 5 mg. I.P. Tab.		Nil	X		

51	Dexamethasone 0.5 mg. Tab.		Nil	100 Tab.		
52	Inj. Dexamethasone Sodium Phosphate 8 mg. / 2 ml.		Nil	10		
53	Chloramphenicol with corticosteroid eye drops 5 ml. phial		Nil	20		
54	Prednisolone 5 mg. Tab.		Nil	500 Tab.		
55	Ethinyl Oestradiol 0.5 mg. Tab.		Nil	200 Tab.		
56	Levothyroxin Sodium Tab. (0.1 mg.)		Nil	500 Tab.		
57	Atropine Sulphate eye oint 1%		Nil	10		
58	Homatropine Hydrobromide 2% eye Drops		Nil	20		
59	Tetracycline 1% eye ointment		Nil	20		
60	Sulphaectamide Sodium 10% drops		Nil	X		
61	Ergometrine Maleate 0.2 mg. Tab.		Nil	200 Tab.		
62	Theophylline derivative (Single active ingredient) Tab.		Nil	200 Tab.		
63	Salbutamol Syrup 2 mg. / 5 ml.		Nil	40		
64	Salbutamol 2 mg. Tab. (as sulphate)		Nil	500 Tab.		
65	O.R.S.		Nil	500		
66	Vit. B-Complex ( prophylactic N.F.L. - III) Tab.		Nil	6000 Tab.		
67	Ascorbic Acid 500 mg. Tab.		Nil	200 Tab.		
68	French Chalk		Nil	20		
69	Liquid Paraffin (light)		Nil	X		
70	Inj. Diazepam 10 mg. / amp.		Nil	10		
71	Nitrofurazone skin powder		Nil	10		
72	Bromhexine Hydrochloride 8 mg. Tab.		Nil	2000 Tab.		
73	Cloxacillin & Amoxicillin Tab.125 mg. each		Nil	500 Tab.		
74	Povidone Iodine Skin Oint 15 mg. Tab.		Nil	30 Tube		
75	Xylocaine Tropical Drop 4 % (anaesthetic)		Nil	5		
76	Pilocarpine eye drop		Nil	10		
77	Norfloxacin eye drop 0.3%		Nil	30 Ph		
78	Tab. Dicyclomin 10 mg. Tab.		Nil	1000 Tab.		
79	Glibenclamide 5 mg. Tab.		Nil	200 Tab.		
80	Amlodipine 5 mg. Tab.		Nil	1000 Tab.		

*A. Challemin*

Health Officer  
Halisahar Municipality

*Rushy* 25.4.2013  
Chairman / Vice- Chairman  
Halisahar Municipality



**HALISAHAR MUNICIPALITY**

*Chhok to check  
with fund release  
and to report.  
11.6.13*

No. 96/G/14  
Date 22/5/13

To  
The Director  
SUDA, Ilgus Bhawan  
Salt lake, Kolkata

Attn.: Dr. S. Goswami, Project Officer, Health, SUDA



Sub: Funds for ESOPD.

Sir,

The sanctioned ESOPD at Halisahar Municipality was revived on 17.08.2012 after a long gap of 15 years or so due to initial problems of non-availability of specialist doctors.

We have received funds in the salary head but are yet to receive funds for contingent use in the ESOPD and funds for purchasing medicines for use in the ESOPD. We are facing difficulties due to this lack of funds and it is hoped that you would expeditiously arrange for the release of such funds.

Thanking you.

Yours truly,

Chairman / Vice-Chairman  
Halisahar Municipality

*halisahar.municipality@gmail.com  
atlr.kathika@gmail.com  
9434584094  
jagresla@gmail.com  
9732889090*



**HALISAHAR MUNICIPALITY**

No. 124 / G / 13-14

Date 06.06.2013

From,  
The Health Officer  
Halisahar Municipality

Chhavi  
11-G.D



To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

**Attn.:** Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS - I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of.....JUNE 2013

Thanking you.

Yours truly,

*Chhavi*

Health Officer  
Halisahar Municipality

Health Officer  
**HALISAHAR MUNICIPALITY**

JUNE 2013

.....*Hali Sahar*..... Municipal Corporation / Municipality

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
4810	3717	3003	553	150	11	NIL	Referred to M.O	NIL

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June ✓
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



Health Officer  
HALISAHAR MUNICIPALITY



# HALISAHAR MUNICIPALITY



No. 25/9-14  
Date 8.4.13

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata

*Poppy*  
*Chhotu*  
*17-4-13*  
*Q (H/4/13)*

Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly weight chart report, UPHCS – I,II & III.

Madam,

Please find enclosed along with the monthly weight chart report for the month of... March? 2013

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY



.....*Halisahon*..... Municipal Corporation / Municipality

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
5390	4078	3089	775	201	13	-	-	

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April ✓

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



**Health Officer**  
**HALISAHAR MUNICIPALITY**



The Office of the Board of Councillors

**HALISAHAR MUNICIPALITY**

No. 30/Co/14

Date 11.04.13

From,  
The Chairman  
Halisahar Municipality

To,  
The Director  
SUDA, Ugas Bhavan  
Kolkata

Ref: 1. 276/MA/C-10/35-36/2012(Pl.-I) Dt.21.03.2013 from Joint Secretary to the Govt.of W.B.  
2. 453(Sanction) / MA / PC-10/1G-4/2012 Dt. 21.03.2013 from Joint Secretary to the Govt.of W.B.

Sub: Procurement of furniture for Urban RCH Programme.

Sir,  
This ULB has been sanctioned an amount of Rs. 55,600=00 towards procurement of furniture for Urban RCH Programme for four such Urban Health Centers authorized here.

A list of equipments for each center is being forwarded to you in the attachment for your approval please.

Thanking you.

Yours truly,

*Ranjit*  
Chairman

Halisahar Municipality

Enclosure: List of equipments for each center.

PO, Halisahar, PS Bizpore, North 24 Parganas, PIN 743134  
Ph. +91 33 2588-8414 / 2585-3172 \* Fax 2585-0226 \* halisaharmycity@yahoo.co.in \* www.halisahar.org


Talked to ITO. Confusion between Furniture & Equipment. He was asked to go through memorandum in the web-site and to do accordingly.

*[Signature]*  
16.4.13.

**URBAN RCH PROGRAMME, HALISAHAR MUNICIPALITY**

List of equipment per UHC along with specification & unit rate:

Sl. No.	Item	Specification	Unit Rate (Rs.)
1.	Tray instrument / Dressing with cover	310 X 195 X 63mmSS.Ref. IS:3993	182.00
2.	Dressing drum with cover	0.945 liters stainless steel	1900.00
3.	Weighing Scale, Adult	Capacity - 125 Kg with ISO mark and weights and Measures license	430.00
4.	Weighing Scale, Child	Capacity - 20 Kg with ISO mark and weights and Measures license	1000.00
5.	Weighing Scale, (baby) hanging type	5Kg.	649.00
6.	Sphygmomanometer	Aneroid 300mmwith cuff Is:7652	275.00
7.	Cheatele's Forceps	Size : 12" X 10" SS	150.00
8.	Clinical thermometer oral	108 degree F	16.00
9.	Stethoscope	Good quality	75.00
10.	Foetoscope	Good quality	150.00
11.	Hub cutter and Needle Destroyer	Good quality	250.00
12.	Measuring tape	Good quality	20.00
13.	Autoclave	Aluminum (5 ltrs.)	3600.00
14.	Sterilizer ( Electrical)	Stainless Steel ( 18" X 6")	3000.00
15.	Stove (Kerosene)	Wick type	1000.00
16.	Glass Syringes - 10Nos.	5 ml.	300.00
17.	Glass Syringes - 20 Nos.	2ml.	400.00
18.	Hypodermic needle - 100 Nos.	19 & 23 gauge	500.00
<b>Total:</b>			<b>13,897.00</b>

  
Chairman 11.10.15  
Halisahar Municipality



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
5027	4467	3076	693	193	05	NIL	Refer to MO	-

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALISAHAR MUNICIPALITY



# HALISAHAR MUNICIPALITY

*[Handwritten signature]*

No. 437/6/13

Date 05/2/13

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly weight chart, UPHCS - I,II & III.**

Madam,

Please find enclosed along with the monthly weight chart report for the month of.....~~December-2012~~

Thanking you.

Yours truly,

*[Handwritten signature: A. Chatterjee]*

Health Officer  
Halisahar Municipality

.....**HALTSAHAR**.....Municipal Corporation / Municipality

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
5114	3310	2408	683	211	08	-	Referred to M.O.	-

• Report to be submitted at two(2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December ✓ 2012
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under-Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counseling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. - III & Gr. - IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*D. Chellappa*  
**Health Officer**  
**HALTSAHAR MUNICIPALITY**

Form No 97  
[Vide Rules 17 & 249 ]

Receipt Voucher

No. 13992  
Date 15-12-2012

HALISAHAR Municipality

Received From SUDA (STATE URBAN DEVELOPMENT AGENCY) [S062]

On Account of (Account Head)	Amount	Remarks (if any)
3201013 IPP-VIII/ CUDP-III	212000.00	DRUG (2ND & 3RD QTR.) IPP & CU
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

T O T A L 212000.00  
DRUG OF IPP VIII & CUDP III (2ND & 3RD QTR.)

The Sum of Rupees Two Lac Twelve Thousand Only  
(in figures) Rs.\*\*\*212000.00 [Cash:\*\*\*\*\*0.00 , Chq/DD:\*\*\*212000.00]  
Chq/DD Detail: No.034524 Dt 11/12/2012 Amt 212000.00 On C.B.I. (SALT LAKE)

*Rajesh*  
*18/12/2013*  
Cashier  
10-01-13 12:08 PM



*JAA*  
Vice Chairman/Auth. Signatory (E.O.)





**HALISAHAR MUNICIPALITY**

*[Handwritten signature]*

No. 268/G-13

Date. 01. 10. 12

From,  
The Health Officer  
Halisahar Municipality

*Chhota*  
*Dr. S. Goswami*  
*8*  
*3.10.12*

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub:** Submission of monthly report, CUDP – III & IPP – VIII.  
*Report of weight chart.*

Madam.

Please find enclosed along with the monthly report for the month of... August 2012 (June-July)

Thanking you.

Yours truly,

*[Handwritten signature: A. Chatterjee]*

Health Officer  
Halisahar Municipality



.....**HALI SAHAR**..... Municipal Corporation / Municipality

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
5147	3427	2449	747	226	05	-	Referred to M.O.	

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August ✓ 2012
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



Health Officer  
HALI SAHAR 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/538/09/168

Date ..... 24.09.2012

**From : Director, SUDA**

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

**Sub. : Filling up of vacant posts under Urban Primary Health Care Services  
[formerly known as CUDP III, IPP-VIII, CSIP, IPP-VIII (Extn.) and RCH  
Sub-Project].**

Sir,

Enclosed kindly find herewith communications of the Chairman, Halisahar Municipality vide no. 62/G-13 dt. 25.04.2012, Chairman, Khardah Municipality vide no. KDHM/636/12 dt. 07.07.2012 & KDHM/637/12 dt. 10.07.2012, Chairman, Rajarhat Gopalpur Municipality vide no. 1195/RGM-227/12 dt. 16.07.2012, Chairperson, New Barrackpore Municipality vide no. NBM/Health/2009/12 dt. 31.07.2012 and Chairman, Maheshtala Municipality vide no. 394/1/3/IVB/MN/11 dt. 16.08.2012, which speaks for itself.

The Committee (constituted as per notification of MA vide no. 821/MA/C-10/3S-37/2009 dt. 13.12.2011) has submitted a report along with recommendation on 05.06.2012 after examining the issues relating to policy framework for engagement of personnel in various posts under the Urban Primary Health Care Services.

This is to mention here that guidelines for filling up the vacancies for different posts under different Health Programmes had been sought for from the Department vide the office memo no. SUDA-Health/538/09/533 dt. 29.12.2009, SUDA-Health/538/09/696 dt. 15.03.2010 and SUDA-Health/538/09/70 dt. 27.06.2011. The guidelines are yet to be received.

You are requested to look into the matter for issuance of necessary guidelines in this regard.

Thanking you.

Yours faithfully,

**Encls. : As stated.**

Director, SUDA



Tel/Fax No.: 359-3184

IPP-VIII, SUDA





# HALISAHAR MUNICIPALITY

File 210/G-13  
8.8.12  
No. 6/8/12  
Date 6/8/12

From  
The Chairman  
Halisahar Municipality

To  
The Director  
SUDA



Communicated  
to Ho.  
21.8.12

**Sub: ESOPD**

**Attn: Dr S. Goswami**

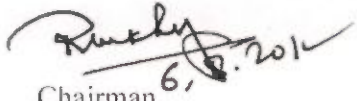
Sir,

We propose to engage specialists of eight disciplines as per the appended list. As per the authorization we would also engage the support staff in the said ESOPD.

Kindly oblige us by according a formal approval for all the said technical and non-technical personnel.

Thanking you.

Yours faithfully,

  
Chairman 6.8.2012  
Halisahar Municipality

**LIST OF OPD DOCTORS IN ESOPD, HALISAHAR MUNICIPALITY**

**GYNAECOLOGIST**

DR. MITA MUKHERJEE, MD (G&O)  
TUES: 12 NOON, FRI: 12 NOON

**CHILD SPECIALIST**

DR. DIPANKAR BANERJEE, MS (G&O), DCH  
SUN: 4-30 PM, TUES: 4-30 PM

**PHYSICIAN**

DR. KISHORE SHAW, MD (MEDICINE)  
TUES: 3 PM, SAT: 6 PM

**ENT**

DR. SUBHOJIT BANERJEE, MBBS, DLO, MS, DNB  
THURS: 4 PM

**SURGEON**

DR. G. B. HEMBRAM, MS (GEN. SURG.)  
WED: 5 PM

**EYE**


DR. MAHUA BANNERJEE, MBBS, DO  
TUES: 2-4 PM, SAT: 12 PM

**ORTHOPAEDIST**

DR. SUVADEEP GHOSH, D ORTHO  
SAT: 5 PM

**DENTIST**

DR. S. S. KUNDU, BDS  
SUN: 5 PM  
DR. MONOTOSH SEAL, BDS  
WED: 12-30 PM, THURS: 12-30 PM  
DR. AVISHEK SAHA, BDS  
SAT: 12-30 PM

  
Chairman  
Halisahar Municipality



# HALISAHAR MUNICIPALITY

No. 177/9-13

Date 16.07.12

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



*Chh...*  
*17.7.12*

Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub:** submission of monthly report, CUDP - III & IPP - VIII.

Madam,

Please find enclosed along with the monthly report for the month of May - Jun - 2012  
*Report of weighted chart*

Thanking you.

Yours truly,

Health Officer  
Halisahar Municipality



22/1/98

BEFORE THE NOTARY AT BARRACKPORE  
 SOUTH 24 PARAGANAS  
Affidavit

I, Shibani Lahiry alias Chakraborty, w/o Dinesh Ch. Lahiry, by faith Hindu, at present residing at Suit No. 10, 11, 12 North of Parga, S.B., do hereby solemnly affirm in detail as follows -

That my father's name is Late S. Chakraborty (or Chakraborty) 1 Ra Road, 10, Hazinagar, P. S. Bazar, 1425 (S).

That after my marriage with Dinesh Ch. Lahiry, has been changed from my previous surname "Chakraborty" to present surname "Lahiry" accordingly.

That Shibani Lahiry (after marriage) and Shibani Chakraborty (before marriage) is one and same identical person, refer to me alone.

That henceforth, I shall be called, known and written everywhere with my name as Shibani Lahiry in place Shibani Chakraborty.

I have statements and facts to my knowledge and belief.



SOLEMNLY AFFIRMED & Identified by me.

Declarant.

SOLARED BEFORE *Asst. Kasbir Lal*

Advocate.

S. K. SHAW  
 NOTARY  
 No. 814

22/1/98

10/1/98

3237

A. U. Saha

~~\_\_\_\_\_~~

22/1/98

22/1/98



## HALISAHAR MUNICIPALITY

No. 63/4-13

Date. 25.4.12

From  
The Chairman  
Halisahar Municipality

To  
The Director  
SUDA



**Attention: Dr. S. Goswami**

Sub: Change of surname of IPP-VIII worker

Madam,

A note may please be taken that the name of IPP-VIII First Tier Supervisor of sub-centre 2 of HAU-II Smt. Shibani Chakraborty has been changed to Smt. Shibani Lahiri as per her post marriage affidavit, a copy of which is being enclosed alongwith.

Thanking you.

Yours faithfully,

Chairman,  
Halisahar Municipality





# HALISAHAR MUNICIPALITY

*[Handwritten Signature]*

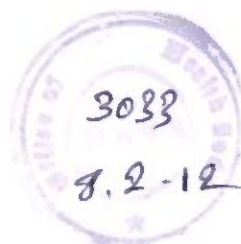
No. 411/GI/12.....

Date 07/2/2012.....

From,  
The Health Officer  
Halisahar Municipality

*Chowdhury*  
*[Signature]*  
8.2.12

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub:** submission of monthly report, CUDP – III & IPP – VIII.  
Monthly report – Weighed chart.

Madam,

Please find enclosed along with the monthly report for the month of October - November - December<sup>15</sup> 2011

Thanking you.

Yours truly,

*[Handwritten Signature]*

Health Officer  
Halisahar Municipality

.....Halissahar..... Municipal Corporation / Municipality

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
5237	3592	2491	861	228	12	Nil	Referred to M.O.	Nil

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December ✓2011
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



Health Officer  
HALISSAHAR MUNICIPALITY

**HALISAHAR MUNICIPALITY**

*Smta*

No. 330/10/12  
Date 12/12/11

From,  
The Health Officer  
Halisahar Municipality

To,  
The Director  
SUDA, Ilgus bhawan  
Salt lake  
Kolkata



Attn.: Dr. S. Goswami, Health Advisor, SUDA

**Sub: Submission of monthly report.**

Madam,

Please find enclosed along with the monthly report for the month of ~~November~~ <sup>Sep-October-</sup> 2011.  
*Monthly report of weight & height.*

Thanking you.

Yours truly,

*[Signature]*

Health Officer  
Halisahar Municipality

**HALISAHAR**  
Municipal Corporation / Municipality

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
5312	3682	2607	840	221	14	0	Referred to M.O.	-

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October ✓ 2011
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
**Health Officer**  
**HALISAHAR MUNICIPALITY**

29. 11. 12

..... HALI SAHAR ..... Municipal Corporation / Municipality

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	
5252	3610	2600	812	189	09	-	Referred to M.O. - 09	-	

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August ✓ 2011
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April



- Report to be prepared at Sub-Centre Level by FIS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
 Health Officer  
 HALI SAHAR MUNICIPALITY  
 21.08.11

HALISAHAR.....Municipal Corporation / Municipality

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
5209	3476	2538	760	170	08	0	Referred to M.O 08	0

- Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15th of June ✓ 2011
For June - July	15th of August
For August - September	15th of October
For October - November	15th of December
For December - January	15th of February
For February - March	15th of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



M 16.6.2011

Health Officer  
HALISAHAR MUNICIPALITY



मनमीत नन्दा

Smt. Manmeet Nanda, I.A.



Dy. No. <sup>413</sup> (O)/MOS (DT)/(H&FW)/2011

विशेष कार्याधिकारी

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री

भारत सरकार

248 "ए" निर्माण भवन, नई दिल्ली-110108

OFFICER ON SPECIAL DUTY TO

MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

248 "A" NIRMAN BHAVAN, NEW DELHI - 110108

TEL.: 23061016, 23061551 TELEFAX : 91-11-23061157

10.06.2011

Dear Sir,

I am directed to forward the following two letters of Junior Red Cross unit – Halisahar, Bakultala, Jetia, North 24 Parganas, West Bengal, for necessary action:-

- 1) One letter seeks permission for filling up of sanctioned Medical Officer Post in the Halisahar Municipality and appointment of Dr. Rajib Biswas to that vacant post.
- 2) The other letter seeks approval for appointment of Dr. Mita Mukherjee and Smt. Arpita Ghosh as Medical Officer and Mid-wife respectively in Maternity and Child Welfare Centre of Halisahar Municipality.

Warm regards,

Yours sincerely,

*(Manmeet Nanda)*  
(Manmeet Nanda)

Encl: As stated above.

Shri Aiapan Bandyopadhyay, IAS.,

Principal Secretary.

Department of Municipal Affairs, Govt. of West Bengal,

Writers' Building,

KOLKATA-700 001.

SS(Kem)

**State Urban Development Agency, Health Wing, West Bengal**

Placed herewith communication of the Officer on Special Duty to Minister of State for Health & Family Welfare, Govt. of India dt. 10.06.2011 along with enclosures, forwarded by the Secretary, Dept. of Municipal Affairs to Director, SUDA.

It is gathered from the enclosures that Shri Ajay Majumder, Junior Red Cross Unit, Halisahar requested Shri Dinesh Trivedi, Hon'ble Minister, Ministry of Health & Family Welfare, Govt. of India to take necessary action for approval of Directorate of Local Bodies (DLB) relating to engagement of Dr. Rajib Biswas to the Most of Medical Officer in the municipal dispensary and Dr. Mita Mukherjee & Smt. Arpita Ghosh to the post of Medical Officer and Midwife respectively in Maternity cum Child Welfare Centre of Halisahar Municipality.

From the available records at Health Wing, SUDA, it is revealed that both the dispensary and Maternity cum Child Welfare Centre do not come under the purview of CUDP III and IPP-VIII. Furthermore, fund under O & M phase also does not cover the remuneration of the above mentioned personnel.

Perhaps Directorate of Local Bodies has got records regarding the above mentioned personnel of Halisahar Municipality. Hence, the matter may be forwarded to Directorate of Local Bodies for compliance.

Submitted.

Director, SUDA

28.06.11



SUDA

OFFICE OF THE BOARD OF COUNCILLORSHalisahar Municipality

No.....

52(5)-12

Date.....

30/5/11

NOTICE INVITING QUATATION

Sealed quotations are invited from bonafide & resourceful C.M.S. enlisted Medical firms / Distributors for supply of medicine as listed here for the IPP – VIII of this Municipality for the year of 2011 – 2012. Medicines are to be purchased in four equal quarters at three monthly intervals & the quoted rates would be considered valid till the last quarter of purchase. Due date of dropping of quotation paper at Halisahar Municipality office is date 10.6.2011 up to 3 p.m. & the same will be opened on said date at 4 p.m.. The rate of medicines & other items should be inclusive of all charges including delivery to the Municipality office & all taxes.

Earnest money of Rs. 1200.00 by cash / bank draft infavour of Chairman, Halisahar Municipality at Halisahar is to be deposited along with quotation paper. Withoutncash / bank draft the quotation paper will be rejected.

The undersigned reserves the right to accept or reject the lowest or any quotation without assigning any reason what-so-ever. An analytical test certificate for every batch of each item of delivery of medicine to this office must also be submitted along with Trade license, Drug license, Sale Tax, Income Tax & Vat license.

<u>Sl. No.</u>	<u>List of Medicines</u>	<u>Quantity</u>
1.	Tab Bromhexin HCL, 8 mg.	: 10,000 Tabs.
2.	Tab Folic Acid, 5 mg.	: 7,000 Tabs.
3.	Tab Furazolidone, 100 mg.	: 25,000 Tabs.
4.	Tab Metronidazole, 200 mg.	: 25,000 Tabs.
5.	Tab Sulphamethoxazole, 400 mg. & Trimethoprime, 80 mg.combined.	: 2,000 Tabs.
6.	Antiseptic lotion povidone Iodine solution 5%, 100 ml. bottle.	: 200 Ph.
7.	Mercurochrome of 20 gm. Ph. Crystal.	: 12 Cont.
8.	Nitrafurazone 0.2% (w/w) skin ointment 15 gm.tubes.	: 1,260 Pcs.
9.	Chloram-phenical 1% eye applicaps.	: 2,000 Apps.
10.	Absorbent sterilized gauze in packets contains 100 pieces of 10 cm. x 10 cm. separately in polypack.	: 200 Pcs.
11.	Adhesive plaster 5 x 10 cm.reels.	: 10 Rills



<u>Sl. No.</u>	<u>List of Medicines</u>	<u>Quantity</u>
12.	Absorbent cotton 100gm. packets.	: 70 Pkts.
13.	Phenyl 5 liters jar.	: 10 Jar
14.	Sulphamethoxazole 100 mg. Trimethoprim 20 mg. combined.	: 3,000 Tabs.
15.	Tab. Paracetamol 125 mg.	: 7,000 Tabs.
16.	Tab. Paracetamol, 500 mg.	: 30,000 Tabs.
17.	Tab. Combined gastric antacid.	: 25,000 Tabs.
18.	Tab. Mebendazole, 100 mg.	: 10,000 Tabs.
19.	Tab. Chlorpheniramine maleate 4 mg.	: 7,000 Tabs.
20.	Tab. Ferrous sulphate (coated) 60 mg.	: 300 Tabs.
21.	Tab. Oxyphenonium Bromide, 5 mg.	: 3,000 Tabs.
22.	Tab. Vitamin B-Complex (prophylaction)	: 14,000 Tabs.
23.	O.R.S. each sachet of 27.9 gm.	: 3,500 Pkts.
24.	Benzyl Benzoate application, 500 ml. bottle (25%).	: 14 Ph.
25.	Metronidazole SUSP. 100mg. in 5 ml.	: 200 Ph.

Yours faithfully



Health Officer  
Halisahar Municipality



Chairman  
Halisahar Municipality

No. 52(5)-12


Date 30/5/11

Copy Forwarded to with request for wide publicity.

1. The Director, SUDA, Ilgus Bhawan, Sector - III, Kolkata - 106.
2. The Postmaster, Halisahar, Post Office, North 24 parganas.
3. The Assistant Engineer, W.B.S.E.B., Halisahar, North 24 parganas.
4. The Rationing Officer, Halisahar Ration Office, North 24 parganas.
5. The Cashier & Receiving Clerk, Halisahar Municipality for information & necessary action. *and notice Board*



Health Officer  
Halisahar Municipality



Chairman  
Halisahar Municipality

SUDA

OFFICE OF THE BOARD OF COUNCILLORS  
Halisahar Municipality

No. 51(5)12

Date 20/5/11

NOTICE INVITING QUATATION

Sealed quotations are invited from bonafide & resourceful C.M.S. enlisted Medical firms / Distributors for supply of medicine as listed here for the CUDP - III of this Municipality for the year of 2011 – 2012. Medicines are to be purchased in four equal quarters at three monthly intervals & the quoted rates would be considered valid till the last quarter of purchase. Due date of dropping of quotation paper at Halisahar Municipality office is date ...10.6.2011..up to 3 p.m. & the same will be opened on said date at 4 p.m.. The rate of medicines & other items should be inclusive of all charges including delivery to the Municipality office & all taxes.

Earnest money of Rs. 600.00 by cash / bank draft infavour of Chairman, Halisahar Municipality at Halisahar is to be deposited along with quotation paper. Withoutncash / bank draft the quotation paper will be rejected.

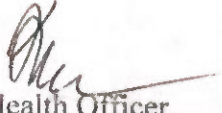
The undersigned reserves the right to accept or reject the lowest or any quotation without assigning any reason what-so-ever. An analytical test certificate for every batch of each item of delivery of medicine to this office must also be submitted along with Trade license, Drug license, Sale Tax, Income Tax & Vat license.

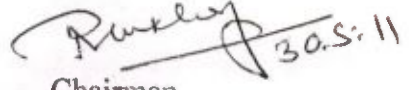
<u>Sl. No.</u>	<u>List of Medicines</u>	<u>Quantity</u>
1.	Tab Bromhexin HCL, 8 mg.	: 6,000 Tabs.
2.	Tab Folic Acid, 5 mg.	: 10,000 Tabs.
3.	Tab Furazolidone, 100 mg.	: 12,000 Tabs.
4.	Tab Metronidazole, 200 mg.	: 12,000 Tabs.
5.	Tab Sulphamethoxazole, 400 mg. & Trimethoprime, 80 mg.combined.	: 0
6.	Antiseptic lotion povidone Iodine solution 5%, 100 ml. bottle.	: 100 Ph.
7.	Mercurochrome of 20 gm. Ph. Crystal.	: 6 Cont.
8.	Nitrafurazone 0.2% (w/w) skin ointment 15 gm.tubes.	: 600 Pcs.
9.	Chloram-phenical 1% eye applicaps.	: 1,000 Apps.
10.	Absorbent sterilized gauze in packets contains 100 pieces of 10 cm. x 10 cm. separately in polypack.	: 200 Pcs.
11.	Adhesive plaster 5 x 10 cm. recls.	: 8 Rills



<u>Sl. No.</u>	<u>List of Medicines</u>	<u>Quantity</u>
12.	Absorbent cotton 100gm. packets.	: 30 Pkts.
13.	Phenyl 5 liters jar.	: 4 Jar
14.	Sulphamethoxazole 100 mg. Trimethoprim 20 mg. combined.	: 2,000 Tabs.
15.	Tab. Paracetamol 125 mg.	: 3,000 Tabs.
16.	Tab. Paracetamol, 500 mg.	: 12,000 Tabs.
17.	Tab. Combined gastric antacid.	: 12,000 Tabs.
18.	Tab. Mebendazole, 100 mg.	: 5,000 Tabs.
19.	Tab. Chlorpheniramine male ate 4 mg.	: 3,000 Tabs.
20.	Tab. Ferrous sulphate (coated) 60 mg.	: 500 Tabs.
21.	Tab. Oxyphenonium Bromide, 5 mg.	: 1500 Tabs.
22.	Tab. Vitamin B-Complex (prophylaction)	: 6,000 Tabs.
23.	O.R.S. each sachet of 27.9 gm.	: 1230 Pkts.
24.	Benzyl Benzoate application, 500 ml. bottle (25%).	: 6 Ph.
25.	Metronidazole SUSP. 100mg. in 5 ml.	: 70 Ph.

Yours faithfully

  
Health Officer  
Halisahar Municipality

  
Chairman  
Halisahar Municipality


No. 51(5)12

Date 30/5/11

Copy Forwarded to with request for wide publicity.

1. The Director, SUDA, Ilgus Bhawan, Sector - III, Kolkata - 106.
2. The Postmaster, Halisahar, Post Office, North 24 parganas.
3. The Assistant Engineer, W.B.S.E.B., Halisahar, North 24 parganas.
4. The Rationing Officer, Halisahar Ration Office, North 24 parganas.
5. The Cashier & Receiving Clerk, Halisahar Municipality for information & necessary action. *and Notice Board*

  
Health Officer  
Halisahar Municipality

  
Chairman  
Halisahar Municipality

SUDA

OFFICE OF THE BOARD OF COUNCILLORS  
HALISAHAR MUNICIPALITY

No.....

Date.....

NOTICE INVITING QUOTATION

Sealed quotation are invited from the bonafide & resourceful medical Firm / Distributors for supply of laboratory reagents for use in pathological laboratory in this municipality as per the appended list. Last date of submission of quotation in the Municipality office is date 10.06.2011.. at 3 P.M. & the same will be opened on the said date at 4 p.m. The rate should be inclusive of all charges including delivery to the Municipality office & all taxes. The delivery shall be given in four equal quarterly installments at the quoted price.

The undersigned reserves the right to accept or reject the lowest or any quotation without assigning any reason what-so-ever.

An earnest money amounting to 2% of the quoted amount will be deposited in favor of the Chairman, Halisahar Municipality by Cash / Bank Draft.

Yours faithfully

*Bd/-*

Chairman  
Halisahar Municipality

Health Officer  
Halisahar Municipality

Copy forwarded to with request for wide publicity.

54(5)-12

dt 3/5/11

1. The Project Director, SUDA, Ilgus Bhawan.
2. The Cashier, Halisahar Municipality
3. The Store Clerk, Halisahar Municipality
4. Notice Board, Halisahar Municipality
5. Notice Board, Halisahar Post Office.
6. Notice Board, State Bank of India.
7. Accountant, Halisahar Municipality.

*[Signature]*

Health Officer  
Halisahar Municipality


*[Signature]*

Chairman  
Halisahar Municipality

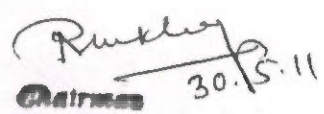


## X - Ray

Sl.No.	Item	Specification	Quantity
1	X-ray plate	Kodak (blue) 12" X 15"	1400
2	X-ray plate	Kodak (blue) 12" X 12"	1400
3	X-ray plate	Kodak (blue) 10" X 12"	1400
4	X-ray plate	Kodak (blue) 10" X 8"	1400
5	X-ray plate	Kodak (blue) 6.5" X 8.5"	700
6	X-ray plate	Kodak (blue) Dental	150
7	Developer	940gm	7 Pkt.
8	Fixer	2.4 kg	7 Pkt.
9	Computer printing paper	A4	5000
10	Carry Bag	15" X 16"	1500
		10" X 12"	3000



**Health Officer**  
**HALISAHAR MUNICIPALITY**



**Halisahar Municipality**

**Diagnostic Centre**

SI.No.	NAME	Required Quantity
1	ALK. Phos.	2
2	Urea	3
3	Uric Acid	3
4	SGOT	1
5	SGPT	1
6	Glucose Reagut	6000 ml
7	Uristic	2 Pkt
8	Albumin	1
9	Total Protein	1
10	Syphilis Strip @	350 Pkt
11	Wlidal Reaget	1
12	Anti (A+B+U) Grouping Kit	3 Set
13	Cholesterol	3
14	C.R.P.	2
15	A.S.O.	2
16	HDL	1
17	R.A. Facter	3
18	Bilirubin	1
19	Triglycerides	3
20	Hacmoglobin	8000 ml
21	De - Ionised Water	40 Lit.
22	Leshman Stain	2 Botle
23	Sulphosalicylic Acid	2 Botle
24	N. S.	2 Botle
25	M. T. ( 5th )	1 Pkt.
26	M. T. ( 10th )	1 Pkt.
27	Syring ( 3ml )	15 Box
28	Syring ( 5ml )	8 Box
29	Creatinine	1
30	HIV ( Kit )	800 Pc.
31	Stool Container	4 pkt.
32	Urine Container	4 pkt.
33	Vavolin Washing Solu	1 Botle
34	Micro Strip	5 Pkt.
35	VDRL Strip @	350 Pc.
36	Pregnancy Strip	900 Pc.
37	HbsAg Strip	500 Pc.
38	Vials ( Sugar )	10 Pkt.
39	Vials ( Clot )	10 Pkt.
40	Vials ( E.D.T.A. )	10 Pkt.
41	Cotton	1500 gm
42	Glass Slide	10 Box
43	E.C.G. Gel	2 Phials
44	E.C.G. Roll (Manual)	1 Box
45	E.C.G. Roll (Computer)	1 Box
46	Sprit	6 Botle
47	T.S.H. Reagent	2 Box
48	T3 Reagent	2 Box
49	T4 Reagent	2 Box
50	Prolactin Reagent	3 Box
51	U.S.G. Gel	5 Lit.
52	Tissue Paper	10 Rolls

*Oh*

**Health Officer**  
**HALISAHAR MUNICIPALITY**

*Ranjay*  
*30.5.18*

**Halshar Municipality**

Memorandum  
20.5.11

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
5430	3440	2510	725	196	09	0	09	09

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15th of June
For June - July	15th of August
For August - September	15th of October
For October - November	15th of December
For December - January	15th of February
For February - March	15th of April - 2011 ✓



- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*[Signature]*  
18.05.11

Health Officer  
HALISA HAR MUNICIPALITY



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
5365	3634	2615	778	225	16	0	16	16

Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February ✓ 2011
For February - March	15 <sup>th</sup> of April



- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*[Signature]* 21-3-2011

Health Officer  
HALISAHAR MUNICIPALITY

OK



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
5432	3666	2517	867	269	13	2	03	03

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December ✓ 2010
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

*[Handwritten Signature]*

Health Officer  
HALISAHAR MUNICIPALITY

**HALISAHAR** ..... Municipal Corporation / Municipality

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
5375	3906	2647	946	286	27	10	04	04

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August
For August - September	15 <sup>th</sup> of October 2010
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.



*[Signature]*  
11.11.10

**Health Officer**  
**HALISAHAR MUNICIPALITY**

..... *Halisahar* ..... Municipal Corporation / Municipality ✓

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
5621	4081	2935	814	304	28	0	06	02

• Report to be submitted at two (2) monthly interval as detailed below :

Period of Reporting	Report to be sent by
For April - May	15 <sup>th</sup> of June
For June - July	15 <sup>th</sup> of August ✓ 2010
For August - September	15 <sup>th</sup> of October
For October - November	15 <sup>th</sup> of December
For December - January	15 <sup>th</sup> of February
For February - March	15 <sup>th</sup> of April

- Report to be prepared at Sub-Centre Level by FTS.
- All the Under - Five children are to be weighed at two monthly interval.
- For Gr. - I & Gr. - II Mal-nutrition, necessary counselling on nutrition is to be given at Sub-Centre level and other social factors be addressed.
- Gr. III & Gr. IV Mal-nutrition cases are to be referred immediately to the specialist / hospital for taking corrective measures.

  
**Health Officer**  
 HALISAHAR MUNICIPALITY

**Halisahar Municipality**  
**Receipt & Payment Statement for the Year**  
**April 2009 - March 2010**

Sl. No.	Fund Name	AA&FS Received	Fund Received	Figure in Lakh	
				Utilisation of Fund	Balance
1.	KUSP Capacity Building Health Service Intra SLIF LED	19.12 15.07 177.13 72.27 14.30 <b>297.89</b>			
2.	M.V. Grant		250.00	202.11	47.89
3.	12th Finance		15.20	15.00	0.20
4.	SFC		48.55	42.56	5.99
5.	M.P. LAD (T.B. Topdar)		22.31	22.11	0.20
6.	BEUP (N. Chakraborty)		40.40	40.05	0.35
7.	SSK		19.35	13.71	5.64
8.	BSUP (Op. Bal. 1030.00)		8.48	8.24	0.24
			294.69	1172.69	152.00

Accountant Halisahar Municipality      A/E Halisahar Municipality      E.O. Halisahar Municipality      Chairman Halisahar Municipality





# হালিসহর পৌরসভা

হালিসহর, উত্তর ২৪ পরগণা

সুধী,

আগামী ৭ই এপ্রিল, ২০১০ বুধবার সন্ধ্যা ৭ টায় হালিসহর  
লোকসংস্কৃতি ভবনে “ক. ইউ. এস. পি.”-র ইনোভেটিভ  
চ্যালেঞ্জ ফান্ড প্রকল্পের মাধ্যমে দরিদ্র মানুষদের হাতে রিঙ্গা/  
রিঙ্গা-ভ্যান তুলে দেবেন পশ্চিমবঙ্গ সরকারের পরিবহন  
দপ্তরের ভারপ্রাপ্ত মন্ত্রী মাননীয় শ্রী রঞ্জিত কুন্ডু মহাশয়।

অনুষ্ঠানে প্রধান অতিথির আসন অলংকৃত করবেন  
বীজপুর বিধানসভা ক্ষেত্রের বিধায়ক মাননীয় ডঃ নিখিরীণী  
চক্রবর্তী মহাশয়া।

সমগ্র অনুষ্ঠানে সভাপতিত্ব করবেন মাননীয় পৌরপ্রধান  
শ্রী দীনবন্ধু পাল মহাশয়।

এই মহতী অনুষ্ঠানে আপনাকে সবাক্ষে সাদর আমন্ত্রণ  
জ্ঞানাই। তাং- ১লা এপ্রিল ২০১০, হালিসহর।

অরবিন্দ মুখোপাধ্যায়  
নির্বাহী আধিকারিক  
হালিসহর পৌরসভা

নৃপেন্দ্র চন্দ্র পাল  
উপ-পৌরপ্রধান  
হালিসহর পৌরসভা

হালিসহর পৌরসভার উন্নয়নমূলক কাজের (২০০৯-২০১০)  
আর্থিক বছরের সংক্ষিপ্ত খতিয়ান পর পৃষ্ঠায় দ্রষ্টব্য।

## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No SUDA-Health/117/08/122

Date .....11.06.2009

From : Director, SUDA

To : The Chairman  
Halisahar MunicipalitySub. : Filling-up of the vacant post for FTS under IPP-VIII,  
Halisahar Municipality.

Ref. : Communication of Health Officer, Halisahar Municipality dt. 16.04.2009.

Sir,

With reference to above, I am to inform you that you may select 01 (one) no. of FTSs to fill up the existing vacant post under IPP-VIII. The guideline for selection of FTS is as under :

- Selection of FTSs may be done from existing regular HHWs who are within the age <sup>limit</sup> of 50 years on the day of selection and are working for at least six months
- Minimum qualification- Madhyamik pass and is able to do simple arithmetic calculation
- Selection is to be done by Municipal Level Health & Family welfare Committee and approved by BOC in its meeting

You are requested to inform the undersigned the list of selected candidates after approval by BOC in its meeting as per proforma given below :

Sl. No.	Name of the Selected Candidates for the post of FTS	Age of the Candidate as on the day of selection	Educational Qualification

Contd. to P-2.

Handed over to  
HO, Halisahar  
on 15.06.09.

- 2 -

On receipt of the said information, course curriculum for training of FTS will be sent by SUDA to impart training to the selected candidates by your ULB. After completion of such training, you are also requested to intimate the undersigned to take further necessary action with regard to grant of approval for engagement of FTS by your ULB.

For further clarification, if any, you may contact Dr. Shibani Goswami, Project Officer, Health, SUDA (Ph. No. 2359 3184).

Thanking you

Yours faithfully,



**Director, SUDA**

**Dt. .. 11.06.2009**

SUDA-Health/117/08/122/1(2)

CC

1. Health Officer, Halisahar Municipality
2. Project Officer, Health SUDA

o/c



**Director, SUDA**



# OFFICE OF THE BOARD OF COUNCILLORS HALISAHAR MUNICIPALITY

P. O, HALISAHAR  
NORTH 24 PARGANAS  
PIN-743 134

No.....

Date... 16.4.2009

From: The Health Officer,  
Halisahar Municipality

To: The Directors  
SUDA

Sub Vacancies of posts in CUDP/IBR  
DPP VIII

Madam, The following is the break-up of vacancies  
submitted earlier: —

<u>CUDP III</u>	<u>Sanctioned Post</u>	<u>In Position</u>	<u>Vacancy</u>
HHWs:	30	27	3
<del>FTS</del> FTS:	6	6	Nil
<u>DPP VIII</u>			
HHWs:	70	63	7
FTS:	14	13	01
<u>Total vacancies</u>			
HHWs:	10		
FTS:	01		

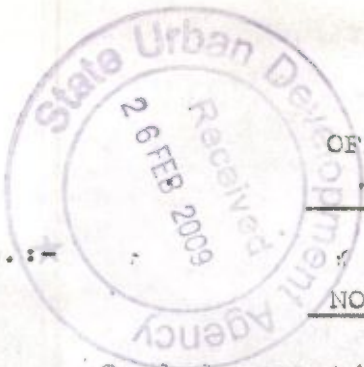
Thanking you.

Yours sincerely,

Reganta Chatterjee

H.O.

Halisahar Municipality



1762  
27/02/09

PO (H)  
27/2

4th quarter.

OFFICE OF THE BOARD OF COUNCILLOR  
HALISAHAR MUNICIPALITY



No.:-

Date:

NOTICE INVITING QUATATION.

Sealed quotation are invited from the competent & resourceful Medical Firm/Distributers for supply of medicines as listed here for the CUDP-III/IPP-VIII of this Municipality. Lastdate of submission of quotation in the Municipal office is date 27.2.09 at 3 P.M. & the same will be opened on the said date at 4 P.M. The rate should be inclusive of all charges including delivery to the Municipal office & all taxes. An earnest money Rs. 600/- only in favour of Halisahar Municipality by cash/Bank Draft shall be deposit with quotation.


The undersigned reserve the right to accept or reject the lowest or any quotation without assiging any reason what-so-ever, an analytical test certificate for every batch of each item of delivery of Medicine to the office.

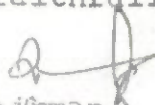
Sl.No.	List of Medicines	Quantity.
1.	Tab. Bromhexin HCL 8 mg.	: 6,000 Tbs
2.	Tab. Folic Acid. 5 mg.	: 10,000 Tbs
3.	Tab. Furazolidone. 100 mg.	: 12,000 Tbs
4.	Tab. Metronidazole. 200 mg.	: 12,000 Tbs
5.	Tab. Sulphamethoxazole. 400mg, Trimetho-prim. 80 mg, combined.	: 07,000 Tbs
06.	Anticeptic lotion povidone Iodine solu-tion 5% ,100 ml, bottles	: 120 Bottle
07.	Mercurochrome of 20 gm.ph.crystal.	: 6 Ph.
08.	Nitrafurazone 0.2%(W/W) skin oinment 15 gm. tubes.	: 600 Tubes
09.	Choloram phenical 1% eye applicaps.	: 1000 Applicaps
10.	Absorment sterilized gauze in packets contains 100 pieces of 10 cm. x 10 cm separately in polypack.	: 200 Packets
11.	Adhesive plaster 5 x 10 cm. reels	: 20 Reels
12.	Absorbent cotton 100 gm. packets.	: 30 Packets
13.	Phenyle 5 litters jar.	: 4 Jar
14.	Sulphamethoxazole 100 mg. Trimethoprim 20 mg. combined.	: 2000 Tbs
15.	Tab. Paracetamol Kid 125 mg.	: 3000 Tbs
16.	Tab. Paracetamol 500 mg.	: 12,000 Tbs
17.	Tab. Mebendazole 100 mg.	: 5,000 Tbs
18.	Tab. Combined gastric Antacid.	: 12,000 Tbs
19.	Tab. Chlorpheiramine maleate 4 mg.	: 3,000 Tbs
20.	Tab. Ferrous sulphate (coated) 60 mg.	: 12,000 Tbs

Conted.....2.

Sl. No.	List of Medicine	Quantity
21.	Tab. Oxyphenonium Bromide 5 mg.	: 1,500 Tbs
22.	Tab. Vitamine B-Complex (prophylaction)	: 6,000 Tbs
23.	O.R.S. each sachet of 27.9 gm.	: 1500 PKL
24.	Benzyl benzoate application 500 ml. bottle (25%).	: 6 Bottle
25.	Metronidazole SUSP. 100 mg. in 5 ml	: 100 Bottle

Yours faithfully,

  
Health Officer  
Halisahar Municipality.

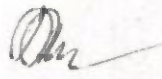
  
Chairman  
Halisahar Municipality.

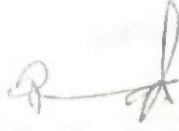
No. 1684(9)-09.

Date: 17/2/09

Copy forwarded to with request for wide publicity.

1. The Postmaster, Halisahar Post Office, North 24 parganas.
2. The Postmaster, Hazinagar Post Office, North 24 parganas.
3. The Branch Manager, S.B.I., Bagmore, Halisahar North 24 parganas.
4. The Branch Manager, P.N.B., Halisahar North 24 parganas.
5. The Branch Manager, U.B.I., Halisahar North 24 parganas.
6. The Assistant Engineer, W.B.S.E.B., Halisahar Branch, North 24 parganas.
7. The Rationing officer, Halisahar Ration Office, North 24 parganas.
8. The Cashier, Halisahar Municipality for information & necessary action.
9. The Receiving Clerk, Halisahar Municipality for information & necessary action.
10. Notice Board.

  
Health Officer  
Halisahar Municipality.

  
Chairman  
Halisahar Municipality.

OFFICE OF THE BOARD OF COUNCILLOR  
HALISAHAR MUNICIPALITY.



No. 1- 880-09

3rd. Quarter

Date: 13/12/08

NOTICE INVITING QUATATION.

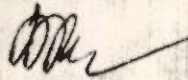
Sealed quotation are invited from the bonafide & resourceful Medical Firm/Distributers for supply of medicines as listed here for the CUDP-III/IPF-VIII of this Municipality. Lastdate of submission of quotation in the Municipal office is date...19.12.08... at 3 P.M. & the same will be opened on the said date at 4 P.M. The rate should be inclusive of all charges including delivery to the Municipal office & all taxes. An earnest money Rs. 1250/- only in favour of Halisahar Municipality by Bank draft shall be deposit with quotation.

The undersigned reserve the right to accept or reject the lowest or any quotation without assiging any reason what-so-ever, an analytical test certificate for every batch of each item of delivery of Medicine to the office.

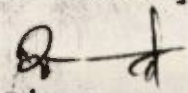
<u>Sl.No.</u>	<u>List of Medicines</u>	<u>Quantity.</u>
1.	Tab. Bromhexin HCL 8 mg.	10,000 tabs
2.	Tab. Folic Acid. 5 mg.	20,000 tabs
3.	Tab. Furazolidone. 100 mg.	25,000 tabs
4.	Tab. Metronidazole. 200 mg.	25,000 tabs
5.	Tab. Sulphamethoxazole. 400mg, Trimetho-prim. 80 mg. combined.	20,000 tabs
06.	Antiseptic lotion povidone Iodine salu- -tion 5% ,100 ml. bottles	200 bottle
07.	Mercurochrome of 20 gm.ph.crystal.	14 Ph.
08.	Nitrafurazone 0.2%(W/W) skin oinment 15 gm. tubes.	1400 Tube
09.	Choloram phenical 1% eye applicaps.	2000 Applicaps.
10.	Absorment sterilized gauze in packets contains 100 pieces of 10 cm. x 10 cm separately in polypack.	200 pkts.
11.	Adhesive plaster 5 x 10 cm. reels	10 Reels.
12.	Absorbent cotton 100 gm. packets.	40 PKTS.
13.	Phynyle 5 liters jar.	10 jars.
14.	Sulphamethoxazole 100 mg. Trimethoprim 20 mg. combined.	3000 Tabs.
15.	Tab. Paracetamol Kid 125 mg.	4000
16.	Tab. Paracetamol 500 mg.	30,000 tabs
17.	Tab. Mebendazole 100 mg.	10,000 tabs
18.	Tab. Combined gastric Antacid.	25,000 tabs
19.	Tab. Chlorpheiramine maleate 4 mg.	7,000 tabs
20.	Tab. Ferrous sulphate (coated) 60 mg.	20,000. tabs.

Conted.....2.

<u>Sl.No.</u>	<u>List of Medicine</u>	<u>Quantity</u>
21.	Tab, Oxyphenonium Bromide 5 mg.	: 3500.
22.	Tab, Vitamine B-Complex (Prophylaction)	: 14000.
23.	O.R.S. each sachet of 27.9 gm.	: 3500 Sachet.
24.	Benzyl Benzoate application 500 ml. bottle (25%)	: 14 bottle
25.	Metronidazole SUSP, 100 mg. in 60ml.	: 200 phials.

  
Health Officer,  
Halisahar Municipality.

Yours faithfully,

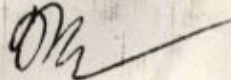
  
Chairman,  
Halisahar Municipality.

No.

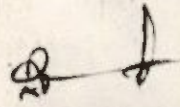
Date:

Copy forwarded to with request for wide publicity.

1. The Director, S.U.D.A., Illgus Bhawan, Sector-III, Kolkata - 106.
2. The Postmaster, Halisahar Post Office, North 24 parganas.
3. The Branch Manager, U.B.I., Halisahar, North 24 Parganas,
4. The Assistant Engineer, W.B.S.E.B., Halisahar Branch, North 24 Parganas
5. The Rationing Officer, Halisahar Ration Office, North 24 Parganas.
6. The Cashier, Halisahar Municipality for information & necessary action.
7. The Receiving Clerk, Halisahar Municipality for information & necessary action.
8. Notice Board.

  
Health Officer,  
Halisahar Municipality.

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Chairman  
Halisahar Municipality.

Chairman,  
Halisahar Municipality.



OFFICE OF THE BOARD OF COUNCILOR  
HALISAHAR MUNICIPALITY.

No. 1-879-09

3479-09

NOTICE INVITING QUATATION.

Date: 13.12.08

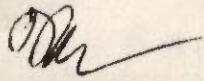
Sealed quation are invited from the donate & resourceful Medical firm/distributers for supply of medicines as listed here for the CUP-III/III-VIII of this Municipality. Lastdate of submission of quation in the Municipal office is date 19.12.08 at 3 P.M. & the same will be opened on the said date at 4 P.M. The rate should be inclusive of all charges including delivery to the Municipal office & all taxes. An earnest money Rs. 500/- only in favour of Halisahar Municipality by Bank draft shall be deposit with quation. The undersigned reserve the right to accept or reject the lowest or any quation without assigning any reason what-so-ever, an analytical test certificate for every batch of each item of delivery of Medicine to the office.

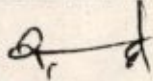
Sl. No.	List of Medicines	Quantity.
1.	Tab. Bromhexin HCL 8 mg.	6,000
2.	Tab. Folic Acid, 5 mg.	10,000
3.	Tab. Furazolidone, 100 mg.	12,000
4.	Tab. Metronidazole, 200 mg.	12,000
5.	Tab. Sulphamethoxazole, 400mg, Trimetho-prim, 80 mg, combined.	9,000
6.	Antiseptic Iodine povidone Iodine salu-tion 5%, 100 ml. bottles	120 Bott.
7.	Mercurochrome of 20 gm.ph. crystal.	6 PH.
8.	Nitrazurone 0.2%(W/W) skin ointment	600 Tube
9.	Choloram phenical 1% eye applicaps.	1,000 caps
10.	Absorbent sterilized gauze in packets contains 100 pieces of 10 cm. x 10 cm separately in polypack.	200 Packets
11.	Adhesive plaster 5 x 10 cm. reels	20 Reels
12.	Absorbent cotton 100 gm. packets.	30 Packets
13.	Physyle 5 liters Jar.	4 Jar
14.	Sulphamethoxazole 100 mg. Trimethoprim 20 mg. combined.	2,000
15.	Tab. Paracetamol Kid 125 mg.	3,000
16.	Tab. Paracetamol 500 mg.	12,000
17.	Tab. Kefendazole 100 mg.	5,000
18.	Tab. combined gastric Antacid.	12,000
19.	Tab. chlorpheniramine maleate 4 mg.	3,000
20.	Tab. Ferrous sulphate (coated) 60 mg.	12,000

Contd.....2.

<u>Sl.No.</u>	<u>List of Medicine</u>	<u>Quantity</u>
21.	Tab. Oxyphenonium Bromide 5 mg.	: 1,500
22.	Tab. Vitamine B-Complex (Prophylaction)	: 6,000
23.	O.R.S. each sachet of 27.9 gm.	: 1,500
24.	Benzyl Benzoate application 500 ml. bottle (25%)	: 6 Bottle
25.	Metronidazole SUSP, 100 mg. in 60ml.	: 100 Bottle

Yours faithfully,

  
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Halisahar Municipality.

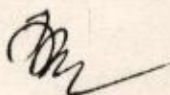
  
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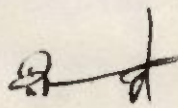
N<sup>o</sup>.

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