

No.F. 3(5-3033)-FWPM/SHFWS/PAR/2015/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

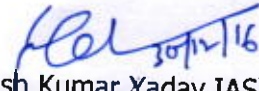
2nd January, 2017
December, 2016

MEMORANDUM

Based on Performance Appraisal Report, the following **Dental Surgeon** is hereby allowed to continue her service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.D as per earlier terms and conditions laid down in her offer of appointment.

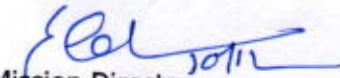
SI.	Name of the staff	Place of posting	Date of continuation
A	B	C	D
1	Dr. Minati Murasing	Champaknagar PHC	2 nd June, 2016

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


(Dr. Shailesh Kumar Yadav, IAS)
Mission Director,
NHM, Tripura

To: all concerned
Copy to:

1. The Chief Medical Officer, West District Agartala for information.
2. The Medical Officer In-charge, Champaknagar PHC for information.
3. Website Section, SH&FWS, Tripura for upload the information in NHM website.


Mission Director,
NHM, Tripura

No.F. 3(5-3033)-FWPM/SHFWS/PAR/2015/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

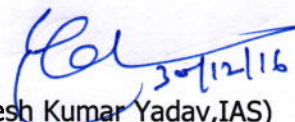
2nd January, 2017
~~December, 2016~~

MEMORANDUM

Based on Performance Appraisal Report, the following **Physiotherapist** is hereby allowed to continue his service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.D as per earlier terms and conditions laid down in his offer of appointment.

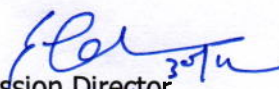
Sl.	Name of the staff	Place of posting	Date of continuation
A	B	C	D
1	Sri Sunit Das	RGM SDH	5 th January, 2017

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


(Dr. Shailesh Kumar Yadav, IAS)
Mission Director,
NHM, Tripura

Copy to:

1. The Chief Medical Officer, Unakoti District Kailashahar for information.
2. The Sub-Divisional Medical Officer, RGM SDH for information.
3. Sri Sunit Das, Physiotherapist, RGM SDH for information.
4. Website Section, SH&FWS, Tripura for upload the information in NHM website.


Mission Director,
NHM, Tripura

No.F. 3(5-3033)-FWPM/SHFWS/PAR/2015/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

2nd January, 2017
~~December, 2016~~

MEMORANDUM

Based on Performance Appraisal Report, the following **HMIS Assistant (Nodal M & E Officer) for CHC/PHC** is hereby allowed to continue her service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.D as per earlier terms and conditions laid down in her offer of appointment.

Sl.	Name of the staff	Place of posting	Date of continuation
A	B	C	D
1	Priyanka Datta	Baikhora PHC	7 th July, 2016

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


(Dr. Shailesh Kumar Yadav, IAS)
Mission Director,
NHM, Tripura

To: all concerned
Copy to:

1. The Chief Medical Officer, South District Belonia for information.
2. The Sub-Divisional Medical Officer, Belonia SDH for information.
3. The Medical Officer In-charge, Baikhora PHC for information.
4. Website Section, SH&FWS, Tripura for upload the information in NHM website.


Mission Director, 30/12
NHM, Tripura

100

Handwritten scribble

Handwritten scribble

No.F. 3(5-3033)-FWPM/SHFWS/PAR/2015/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

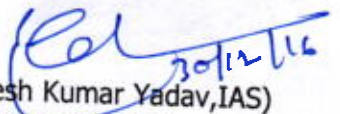
2nd January, 2017
December, 2016

MEMORANDUM

Based on Performance Appraisal Report, the following **Sub Divisional Accounts cum Data Assistant** is hereby allowed to continue his service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.D as per earlier terms and conditions laid down in his offer of appointment.

Sl.	Name of the staff	Place of posting	Date of continuation
A	B	C	D
1	Sri Samar Bijoy Debnath	Melaghar SDH	3 rd March, 2016

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


(Dr. Shailesh Kumar Yadav, IAS)
Mission Director,
NHM, Tripura

Copy to:

1. The Chief Medical Officer, Sepahijala District Bishalgarh for information.
2. The Sub-Divisional Medical Officer, Melaghar SDH for information.
3. Sri Samar Bijoy Debnath, Sub Divisional Accounts cum Data Assistant, Melaghar SDH
4. Website Section, SH&FWS, Tripura for upload the information in NHM website.


Mission Director,
NHM, Tripura

No.F.3 (5-3033)-FWPM/SHFWS/PAR/2013/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

2nd January 2017
December, 2016

MEMORANDUM

Based on Performance Appraisal Report, the following **Categories** are hereby allowed to continue their service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.E as per earlier terms and conditions laid down in their offer of appointment.

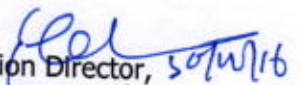
Sl.	Name of the staff	Designation	Place of posting	Date of continuation
A	B	C	D	E
1	Sri Chayan Deb	Training Coordinator	O/o the MD,NHM Tripura	3 rd January, 2017
2	Sri Nandan Das	Peon	O/o the MD,NHM Tripura	11 th January, 2017

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


Mission Director,
NHM, Tripura

To: All concerned
Copy to:

1. Sri Chayan Deb, Training Coordinator, O/o the MD, NHM Tripura for information.
2. Sri Nandan Das, Peon, O/o the MD, NHM Tripura for information.
3. Website Section, SH&FWS, Tripura for update the information in NHM website.


Mission Director,
NHM, Tripura

No.F.3 (5-3033)-FWPM/SHFWS/PAR/2013/S-V
NATIONAL HEALTH MISSION
STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA
PALACE COMPOUND, AGARTALA-799001, TRIPURA (WEST)

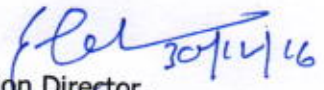
2nd January, 2017
~~December, 2016~~

MEMORANDUM

Based on Performance Appraisal Report, the following **Categories** are hereby allowed to continue their service under State Health & Family Welfare Society, Tripura for a further period of 11(eleven) months with effect from the date as noted in col.E as per earlier terms and conditions laid down in their offer of appointment.

Sl.	Name of the staff	Designation	Place of posting	Date of continuation
A	B	C	D	E
1	Sri Biswanath Debbarma	Administrative cum Accounts Assistant	Ompi CHC	2 nd May, 2016
2	Smt. Priti Jamatia	Adolescent Counselor	Ompi CHC	1 st March, 2016
3	Sri Sanjoy Das	Laboratory Technician	Tripura Sundari SDH	8 th May, 2016

The appointment is purely contractual basis and liable to be terminated at any time without assigning any reason thereof with 1(one) month's notice or 1 (one) month salary from either side.


Mission Director,
NHM, Tripura

To: All concerned
Copy to:

1. The Chief Medical Officer, Gomati District Udaipur for information.
2. The Sub-Divisional Medical Officer, Tripura Sundari SDH/ Amarpur SDH for information.
3. The Medical Officer In-charge, Ompi CHC for information.
4. Website Section, SH&FWS, Tripura for update the information in NHM website.


Mission Director,
NHM, Tripura

NO. 1000000000

THE STATE OF CALIFORNIA, COUNTY OF LOS ANGELES, ss. I, the undersigned, a Notary Public in and for the State of California, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Los Angeles, State of California.

Given under my hand and seal of office this _____ day of _____, 19____.

Notary Public in and for the State of California.

[Signature]

[Signature]