

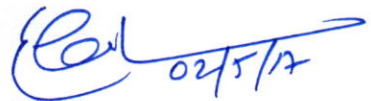
No.F.3 (5-3179)-FWPM/SHFWS/Recruitment/2016
National Health Mission
State Health & Family Welfare Society
Palace Compound, Agartala.

2nd May, 2017

MEMORANDUM

Specialist Doctor for FRUs recruited under National Health Mission are hereby requested to send Weekly working report as per attached prescribed format (Annexure- I) to the undersigned on last working day of every week by 5.00 PM to the MD, NHM, Tripura by email (shfws_tripura@yahoo.co.in) positively. The monthly salary of the Specialist Doctors shall not be released until all weekly working reports of the month are submitted.

Encl: As stated.


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

Copy to:

1. The Principal Secretary, Health & FW Department, Govt. of Tripura for kind information.
2. The Director, Health Services, Govt. of Tripura for information
3. The Director, FW & PM, Govt. of Tripura for information.
4. The State Programme Officer, RCH, O/o the MD, NHM, Tripura for information.
5. The Chief Medical Officer Gomati, Udipur/ Dhalai, Ambassa/ Sepahijala, Bishalgarh for information.
6. The Sub- Divisional Medical Officer, Amarpur SDH/ Bishalgar SDH for information.
7. Dr. Shyamal Krishna Banik, Specialist Doctor (O & G), Bishalgarh SDH/ Dr. Mangal Manik Debbarma, Specialist Doctor (O & G), Amarpur SDH/ Dr. Pradip Das, Specialist Doctor (O & G), Teliamura CHC/ Dr. Pratap Sanyal, Specialist Doctor (Surgeon), Bishalgarh SDH/ Dr. Anarsh Debbarma, Specialist Doctors (Surgeon), Amarpur SDH for information and compliance.
8. The State Finance Manager, SHFWS, Tripura for information.
9. Website Section, NHM, Tripura for upload the information in website.


Mission Director, NHM, Tripura
Government of Tripura

Annexure-I

WORKING REPORT OF SPECIALISTS UNDER NATIONAL HEALTH MISSION, TRIPURA

For the week of date (DD/MM/YY) to date (DD/MM/YY).

Sl.	Item	No. of working day in present week	Cumulative case during month	Details/ Remarks
1	2	3	4	5
1	OPD			
2	IPD			
3	Minor surgeries			Name of the minor surgeries performed
4	Major surgeries			Details of surgeries
5	Caesarian section			
6	Other Family Planning procedure			Details
7	Any other activity performed			Details

Days of Leave taken in present week, if any:

Name (in block letter):

Designation:

Place of posting:

Date:

To:

1. The Mission Director, NHM, Govt. of Tripura.
2. The Director Health Services, Govt. of Tripura.
3. The Director Family Welfare, Govt. of Tripura.
4. The Chief Medical Officer (respective district).

Copy to:

1. The Principal Secretary, Health & Family Welfare Department, Govt. of Tripura for information the Principal Secretary.