

Departmental Information

1. Name of the Dept. / Section : Health & Family Welfare (Pritimoyee RH)

2. Brief description of the work done: OPD, IPD, & Immunization.

3. Forms available

| Sl. No. | Dept. Name | Process Name | Forms Name | Form No. | Download form (Provide the soft copy of form) | Procedure in details |
|---------|-------------------------------------|--------------|-------------------|----------|-----------------------------------------------|----------------------|
| 1 | Block Heath & Family Welfare Samity | | Death Certificate | 2 | | |
| 2 | Do | | Birth Certificate | 5 | | |

4.

| Name of the Head of Department / Section-in-charge | Office address | Landline no. | Mobile no. | E-mail ID |
|----------------------------------------------------|------------------------------------------------|--------------|------------|--------------------|
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