

Departmental Information

1. Name of the Dept. / Section: **OFFICE OF THE SUPERINTENDENT, TEHATTA SUB DIVISIONAL HOSPITAL, NADIA, DEPARTMENT OF HEALTH AND FAMILY WELFARE**

2. Brief description of the work done: SUB DIVISIONAL HOSPITAL 100 BEDDED WITH SNCU, HDU AND BLOOD BANK (UNDER PROCESS)

ALONGWITH WITH TEHATTA – I BPHC COMPRISING OF 27 SUB CENTRES AND NAZIRPUR PHC, SHYAMNAGAR PHC & KUSTIA PHC.

BIRTH AND DEATH REGISTRATR OFFICE OF TEHATTA – I BLOCK.

3.

Name of the Head of Department / Section-in-charge	Office address	Landline no.	Mobile no.	E-mail ID
Dr. Saikat Bose	O/o the Superintendent, Tehatta SDH, Nadia	03471-250247	9477609672	bpmuteha1@gmail.com

Departmental Information

1. Name of the Dept. / Section: **OFFICE OF THE ASSISTANT CHIEF MEDICAL OFFICER OF HEALTH, TEHATTA SUB DIVISION, NADIA, DEPARTMENT OF HEALTH AND FAMILY WELFARE**
2. Brief description of the work done: SUB DIVISIONAL HEALTH MONITORING UNIT ALONGWITH LICENSING VERIFICATION AUTHORITY FOR CLINICAL ESTABLISHMENTS. CONTROLLING AUTHORITY OF TEHATTA – I/TEHATTA – II / KARIMPUR – I / KARIMPUR – II BLOCK HEALTH ACTIVITIES.

Sl. No.	Dept. Name	Process Name	Forms Name	Form No.	Download form (Provide the soft copy of form)	Procedure in details
1	HEALTH AND F.W	CLINICAL ESTABLISHMENT	CE APPLICATION	II	Link from www.wbhealth.gov.in/clinicalestablishment	Please follow the online links

3.

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