



GOVERNMENT OF WEST BENGAL
OFFICE OF THE DISTRICT HEALTH & FAMILY WELFARE SAMITI
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No: DHFWS/ HOW/ 81/15

Date: 21/01/15

To:

A) The MMIC....., Mr./Ms.....

B) The Councilor, Mr./Ms....., Ward No

Howrah Municipal Corporation


Sub: Sensitization Programme regarding Tobacco Control on 29/01/2015 (Thursday)

Madam/Sir,

A Sensitization Programme regarding Tobacco Control will be organized on 29/01/2015 (Thursday) at 04:00PM at the DRS Meeting Hall of the CMOH Bungalow, Howrah (above office address). Sri Arup Roy, Hon'ble MIC, Agriculture Marketing, Govt. of West Bengal, has given his kind consent to remain within us on that occasion.

Your kind presence in that Sensitization Programme is highly solicited.

With regards,


21/01/15
Chief Medical Officer of Health & Secretary
DHFWS, Howrah



21/01/15
Mayor
Howrah Municipal Corporation

No: DHFWS/HOW/ 81/50/(22)/15

Date: 21/01/15

Copy forwarded for kind information to:

1. The Sabhadhipati, HZP
2. The DHS & e.o. Secretary, Govt of WB, Deptt of H&FW
3. The Commissioner, Howrah Municipal Corporation
4. The District Magistrate, Howrah.
5. The ADHS (Oncology), Govt of WB, Deptt of H&FW
6. The ADM (P), Howrah
7. The Dy CMOH- II, Howrah
8. The Executive Director, MANT, Kolkata
9. The Sabhapati, _____ Panchayat Samiti (all)


21/01/15
Chief Medical Officer of Health & Secretary
DHFWS, Howrah