ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2016/1751, dated 16.12.16, the following candidates are hereby selected for DMHP (District Mental Health Programme) under NHM, Department of Health & Family Welfare, North 24 Parganas, on purely contract basis for a period upto 31.03.18 on a consolidated monthly remuneration mentioned against the post hereunder-

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Application ID</th>
<th>Name of the candidate</th>
<th>Category</th>
<th>Father’s / Guardian’s Name</th>
<th>Place of posting</th>
<th>Monthly consolidated remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PSW-SW-02</td>
<td>TANAYA ROYCHOWDHURY</td>
<td>UR</td>
<td>SRI TAPAN ROYCHOWDHURY</td>
<td>R.G.Kar Medical College &amp; Hospital, North 24 Parganas</td>
<td>Rs. 30,000/-</td>
</tr>
<tr>
<td>2</td>
<td>CP-P-006</td>
<td>APARUPA BHATTACHARYA</td>
<td>UR</td>
<td>SRI SUBRATA BHATTACHARJE</td>
<td>R.G.Kar Medical College &amp; Hospital, North 24 Parganas</td>
<td>Rs. 30,000/-</td>
</tr>
<tr>
<td>3</td>
<td>PN-01</td>
<td>SATABDI SINHABABU</td>
<td>UR</td>
<td>SRI MALAY KUMAR SINHABABU</td>
<td>R.G.Kar Medical College &amp; Hospital, North 24 Parganas</td>
<td>Rs. 25,000/-</td>
</tr>
<tr>
<td>4</td>
<td>CN-01</td>
<td>SOUMI DAS</td>
<td>UR</td>
<td>SRI DILIP KUMAR DAS</td>
<td>R.G.Kar Medical College &amp; Hospital, North 24 Parganas</td>
<td>Rs. 25,000/-</td>
</tr>
<tr>
<td>5</td>
<td>CRA-020</td>
<td>ROCKY DAS</td>
<td>SC</td>
<td>SRI AJ oy DAS</td>
<td>R.G.Kar Medical College &amp; Hospital, North 24 Parganas</td>
<td>Rs. 8,000/-</td>
</tr>
</tbody>
</table>

The above mentioned candidates are hereby engaged as per the terms and conditions mentioned below:

1. The order of engagement will take effect from the date he/she joins the post at office of the CMOH, North 24 Parganas.
2. This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2018.
3. The period of contract may be extended further on basis of satisfactory performance.
4. The service may also be terminated by one month’s notice from either side.
5. The candidates are directed to report for joining to the stated post at the office of the Chief medical Officer of Health, North 24 Parganas, within 10(Ten) days from the date of issuance of this order, along with their Photo identity proof (Voter ID/Aadhar Card, any one) and Medical Fitness certificate (Medical certificate format of WB SH&FW attached herewith) issued by the registered M.B.B.S practitioner (attached herewith).
6. Any candidate failing to report to office of the undersigned within stipulated period, may not be allowed to join later and his/her engagement order stands cancelled after that period.

7. No T.A/D.A is admissible for joining.

Memo No. DH & FWS/NHM/2017/1857/1(23)

Copy forwarded for necessary information to:
1) The Hon'ble Chairperson, DLSC, DH & FW, North 24 Parganas
2) The Director of Health Services, Govt. of W.B., Swasthya Bhawan
3) The Commissioner(FW) & Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
4) The Executive Director, SH & FWS, Govt. of W.B., Swasthya Bhawan
5) The District Magistrate, North 24 Parganas
6) The Programme Officer, NHM, Govt. of W.B., Swasthya Bhawan
7) The ADM(Health), North 24 Parganas
8) The Principal, R.G.Kar Medical College & Hospital, North 24 Parganas
9) The Jt. Director & SFWO, SH & FWB, Govt. of W.B., Swasthya Bhawan
10) The MSVP, R.G.Kar Medical College & Hospital, North 24 Parganas
11) The HOD, Department of Psychiatry, R.G.Kar Medical College & Hospital, North 24 Parganas
12) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
14) The ACMOHs (all sub-divisions), North 24 Parganas
15) The Accounts Officer, R.G.Kar Medical College & Hospital, North 24 Parganas
16) The Accounts Officer, O/o the CMOH, North 24 Parganas
17) The HR Cell, Govt. of W.B., Swasthya Bhawan
18) The District Informatics Officer, O/o the DM, North 24 Parganas, with request to upload this ORDER in official website of North 24 Parganas District
19) The System Coordinator, Swasthya Bhawan, Govt. of W.B., with request to upload this ORDER in official website of Health Department, W.B.
20) The District Programme Co-ordinator, NHM, North 24 Parganas
21) The DPMU/IDSP North 24 Parganas
22) Enlisted candidates are being informed accordingly
23) Office copy.
Medical Certificate in case of appointment of candidates under West Bengal State Health & Family Welfare Samiti

Name of the candidate in full (in block letters): _____________________________
Height (without shoe): ________________________________ Cm.
Weight: ________________________________ Kg.

"I hereby certify that I have examined Sri/Smt. _____________________________, a candidate for employment in the West Bengal State Health & Family Welfare Samiti, and cannot discover that Sri/Smt. _____________________________ has any disease, (communicable or otherwise) constitutional weakness or bodily infirmity, except _____________________________.

I do not consider this a disqualification for employment in the office of State Samiti. Sri/Smt. _____________________________.’s age is, according to his own statement, _____________________________ Years, and by appearance about _____________________________ years’.

a. General Development: _____________________________ Good/Fair/Average/Poor

b. Vision: _____________________________ Right eye: _____________________________ Left eye: _____________________________
   i. Uncorrected/Naked eye: _____________________________
   ii. Corrected: _____________________________
   iii. Nature and degree: _____________________________

c. Teeth: _____________________________

d. Hearing: _____________________________ e. Blood pressure: _____________________________

f. Lung: _____________________________ g. Heart: _____________________________ h. Liver: _____________________________

i. Spleen: _____________________________

j. Hernia (present or absent): _____________________________

k. Hydrocele (present or absent): _____________________________

l. Urine: _____________________________
   i. Specific Gravity: _____________________________
   ii. Albumin: _____________________________
   iii. Sugar: _____________________________

m. Identification marks: _____________________________

n. The Candidate is: _____________________________

Page 1 of 2
I. Fit

II. Unfit on account of

III. Temporarily unfit on account of

Dated:

__________________________________________
Signature of the Medical Practitioner

Name:

Degree:

Regn. No.
[Seal]

__________________________________________
Signature of Candidate

__________________________________________
Attested