ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2017/1496, dated 24.07.17 and DH&FWS/NHM/2016/1603, dated 16.11.16, Dr. Sreetama Mukherjee, application ID- TCU-003 is selected for the post of Medical Officer of Thalassemia Control Programme under 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 hereunder-

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Application ID</th>
<th>Name of the candidate</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>TCU-003</td>
<td>Dr. Sreetama Mukherjee</td>
<td>Dr. Manish Mukherjee</td>
<td>Thalassemia Control Unit, District Hospital North 24 Parganas, Barasat</td>
<td>Rs. 40,000/-</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. Dr. Sreetama Mukherjee is 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 (PAN Card/Voter ID/Aadhar Card, any one) and Medical Fitness certificate (Medical certificate format of WBSH&FW attached herewith) issued by the registered M.B.B.S practitioner (attached herewith).
6. 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/2017/2264/11(19)  
Dated: 06/12/17

Copy forwarded for necessary information to:

1) The Hon’ble Chairperson, DLSC, DH &FW, North 24 Parganas
2) The Commissioner(FW) & Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
3) The Executive Director, SH & FWS, Govt. of W.B., Swasthya Bhawan
4) The District Magistrate, North 24 Parganas
5) The ADM(Health), North 24 Parganas
6) Jt. DHS (NCD) & SNO, Thalassemia Control Programme, Govt. of W.B., Swasthya Bhawan
7) The CMOH, Basirhat Health District
8) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
9) The Dy.CMOH-II & Nodal Officer of Thalassemia Control Programme, North 24 Parganas
11) The ACMOH(all sub-divisions), North 24 Parganas
12) The Superintendent, District Hospital North 24 Parganas, Barasat
13) HR Cell, Govt. of W.B., Swasthya Bhawan
14) 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.
15) The System Coordinator, Swasthya Bhawan, Govt. of W.B., with request to upload this ORDER in official website of Health Department, W.B.
16) The District Programme Co-ordinator, NHM, North 24 Parganas
17) The DPMU/IDSP North 24 Parganas
18) Dr. Sreetama Mukherjee is being informed accordingly.
19) Guard File

Secretary,
District Health & Family Welfare Samiti & Chief Medical Officer of Health,
North 24 Parganas
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 can't 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 
   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. Hydroceles (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