



Government of West Bengal
Office of the Chief Medical Officer of Health
Banomalipore, Barasat, North 24 Parganas, PIN-700124
Ph. No.: 033-2552-3129 E-mail: cmohn24pgs@gmail.com



Memo.No: CMOH(NPG)/NHM/ 1276

Date: 16.02.2023

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec.2022/8048, Date 26.08.2022 and Memo No. CMOH-N24PGS/NHM/Rec./1097, Date 09.02.2023 the following candidate is hereby engaged for the position of " Full Time Medical Officer" under "NUHM". He/ She will get a consolidated monthly remuneration of ₹ 60,000/- (Rupees Sixty thousand only). The candidate will be posted in place as mentioned against his respective name in the column "Place of Posting".


Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address	Place Of Posting
1	CMOH-N24Pgs/ Recruitment/ 6721	Sohini Mondal	MD. Fazer Ali Mondal	1995-08-17	OBC-A	VILL+P.O-JOYPUL ,P.S-DUTTAPUKUR,PIN-743234,NORTH 24 PGS	Barasat Municipality, North 24 Parganas

The above-mentioned candidate is hereby engaged as per the terms and condition mentioned below:

- As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. (ii) "All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 dated 29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23, 2023-24 and 2024-25".
- The order of engagement will take effect from the date he/she joins the position.
- The period of contract will automatically get terminated at the end of the current financial year and subsequently it will be renewed subject to Annual Performance Report of the employee, and subject to RoP approval.
- Annual increment will be applicable from financial year 2025-26.
- The service may also be terminated by one month's notice from either side.
- The engagement in the said position is under NHM and shall be coterminous with "name of the programme".
- If the incumbent proposes to give up his/her work without covering 1 (one) month's notice period, his/her remuneration will be deducted accordingly.
- The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.
- The candidates are directed to report for joining in the designated position to the Chairman Municipality of their respective municipality (place of posting) as mentioned against her name with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.

10. Payment of remuneration will be made from FMR/Tally Code : (P.142A). The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.

11. The order of engagement will stand cancelled if the Candidate fails to join within 15 (fifteen) days from the date of issue of this order.

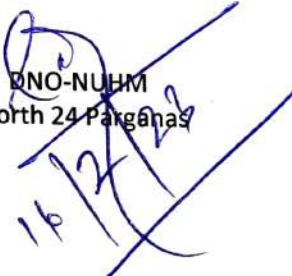

Chief Medical Officer of Health
North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/2022/...1.2.7.6.../1(11)

Date : 16.02.2023

Copy forwarded for information and necessary action to the:

1. The Mission Director, NHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
2. The State Nodal Officer, NUHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
3. The Programme Officer-I, NHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
4. The Dy. CMOH-I/II/III/IV/ DNO-NUHM, North 24 Parganas
5. The ACMOH (all sub-divisions), North 24 Parganas
6. The Chairman, Barasat Municipality is requested to send the joining report to the undersigned for disbursement of remuneration.
7. The Accounts Officer, North 24 Parganas
8. Health Officer, Barasat Municipality
9. The DIO-NIC, Office of the District Magistrate, North 24 Parganas with request for web-posting this order in www.north24parganas.gov.in
10. The IT Cell, Swasthya Bhavan with request for web-posting this order in www.wbhealth.gov.in
11. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
12. Office Copy


DNO-NUHM
North 24 Parganas



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Memo.No: CMOH(NPG)/NHM/1275

Date: 16.02.2023

ORDER

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Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address	Place Of Posting
1	CMOH-N24Pgs/Recruitment/6737	Roksana Sultana	Fazlur Rahaman Mondal	1995-03-03	OBC-A	VILL+P.O - SURJYAPUR HAT, P.S - BARUIPUR, DIST - SOUTH 24 PARGANAS, PIN - 743372, WEST BENGAL, INDIA	NKDA, North 24 Parganas

The above-mentioned candidate is hereby engaged as per the terms and condition mentioned below:

- As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. (ii) "All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 dated 29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23, 2023-24 and 2024-25".
- The order of engagement will take effect from the date he/she joins the position.
- The period of contract will automatically get terminated at the end of the current financial year and subsequently it will be renewed subject to Annual Performance Report of the employee, and subject to RoP approval.
- Annual increment will be applicable from financial year 2025-26.
- The service may also be terminated by one month's notice from either side.
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- The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.
- The candidates are directed to report for joining in the designated position to the CEO-NKDA at his/ her (place of posting) as mentioned against his/her name with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.

10. Payment of remuneration will be made from FMR/Tally Code : (P.142A). The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.
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Chief Medical Officer of Health
North 24 Parganas

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4. The Dy. CMOH-I/II/III/IV/ DNO-NUHM, North 24 Parganas
5. The ACMOH (all sub-divisions), North 24 Parganas
6. The CEO, NKDA is requested to send the joining report to the undersigned for disbursement of remuneration.
7. The Accounts Officer, North 24 Parganas
8. The DIO-NIC, Office of the District Magistrate, North 24 Parganas with request for web-posting this order in www.north24parganas.gov.in
9. The IT Cell, Swasthya Bhaban with request for web-posting this order in www.wbhealth.gov.in
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11. Office Copy


DNO-NUHM
North 24 Parganas
16/2/23

**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 : 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. Hydroceles (present or absent) :
l. Urine i. Specific Gravity ii. Albumin iii. Sugar
m. Identification marks :
n. The Candidate is :

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