ORDER

In reference to the recruitment notice no. DH&FWS/NHM/2019/435, Dated 28.02.2019, the candidates of Annexure-A has been selected as Block Accounts Manager (BAM), NHM on purely contractual basis at a monthly remuneration of Rs. 16,860/- (Sixteen thousand eight hundred & sixty, consolidated) only and posted in place as mentioned against their respective names “Place of Posting”.

The candidates of Annexure-A are hereby engaged as per the terms and condition mentioned below:

1. The order of engagement will take effect from the date she joins the position.
2. The period of contact will automatically be terminated after expiry of 31.03.2021.
3. If the incumbent proposes to cease his/her work without covering 1 month’s notice period, his/her remuneration will be deducted accordingly.
4. The period of contract may be extended further subject to approval of the position in the next financial year and satisfactory performance of the personal.
5. The service may also be terminated by one month’s notice from either side.

6. The candidate is directed to report for joining for the position to the concerned BMOHs to report to the concerned BPHC under his/her control. The concerned BMOHs will send joining report of BAM immediately (within 2 days of joining) to the CMOH for maintenance of HR database.

7. The candidate should join within one month (30 days) of issuance of this letter.

8. The candidate failing to report to designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
9. No TA/DA is admissible for joining.
10. The candidate is instructed to bring three copies of joining letter on the date of joining at the office of the concerned BMOH.

11. The candidates are instructed to bring ID proof on the date of joining.
12. The Candidate has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS) in the enclosed proforma attached herewith (Annexure-B).

Chief Medical Officer of Health
North 24 Parganas
Copy forwarded for information & necessary action please to the:

1. Mission Director, FW & Secretary to the Govt. of West Bengal
2. District Magistrate, N-24PGs
3. SFWO, Dept. of H&FW, GoWB, Swasthya Bhawan, Kolkata-91
4. Programme Officer, NHM, Swasthya Bhawan, Kolkata-91
5. OC (Health), N-24PGs
6. Dy. CMOH-I / II / III / ZLO / DMCHO / DPHNO / DTO, N-24PGs
7. DIO, NIC, N24PGs is requested to publish in the District Official website.
8. Accounts Officer, CMOH Office, N-24PGs
9. ACMOH- Barackpur/ Barasat
10. BMOH Deganga & Barackpore-I are instructed to accept the joining of BAM under NHM and send his/her joining report immediately to the undersigned for disbursement of salary.
11. HR Cell, NHM, Swasthya Bhawan, Kolkata-91
12. System Coordinator, Swastha Bhawan, Kolkata-91 is requested to publish in the Official website
13. DPMU, N-24PGs
14. Office Copy

Chief Medical Officer of Health

North 24 Parganas
## Annexure-A

Panel of Block Accounts Manager under NHM- No. of Vacancy- UR-1

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Appl. Code No</th>
<th>Name of Applicant</th>
<th>Father's Name/Guardian's name</th>
<th>Address</th>
<th>Sex</th>
<th>Caste</th>
<th>Place of Posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BAM-056</td>
<td>SUJOY KUMAR MUKHERJEE</td>
<td>SUJOY KUMAR MUKHERJEE</td>
<td>Kanchrapara, Bizpur, North 16 Parganas, Pin - 743145</td>
<td>MALE</td>
<td>UR</td>
<td>Nama BPHC, Barrackpore-1</td>
</tr>
</tbody>
</table>

Panel of Block Accounts Manager under NHM- No. of Vacancy- SC-1

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Appl. Code No</th>
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<th>Caste</th>
<th>Place of Posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BAM-050</td>
<td>ROCKY DAS</td>
<td>AJOY DAS</td>
<td>Dhapa, Pragati Maidan, Kolkata - 700105</td>
<td>MALE</td>
<td>SC</td>
<td>Deganga BPHC, Deganga</td>
</tr>
</tbody>
</table>

CMOH & Secretary,  
[Signature]  
N24PGs  
[Date]  
[Stamp]
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. Hydrocele (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