ORDER

In reference to the recruitment notice no. DH&FWS/NHM/2018/2025, Dated 11.10.2018, the candidates of Annexure-A has been selected as Full Time Medical Officer under NUHM on purely contractual basis at a monthly remuneration of Rs. 40,000/- (Rupees Forty thousand, 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 31.03.2019.

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 from either side.

6). The candidates are directed to report for joining for the position to the Commissioner, of concerned Municipal Corporation and the Chairman of concerned Municipalities. The concerned Commissioner of Corporation and concerned Chairman of Municipalities in turn are requested to direct the FTMO to report to the concerned UPHCs under their control. The concerned authority of respective Municipal Corporation and Municipalities will send joining report of FTMOs immediately (within 2days of joining) to the CMOH for maintenance of HR database.

7). The candidate should join within 24th December 2018.

8). Any person 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 candidates are instructed to bring three copies of joining letter on the date of Joining at the office of the Commissioner, of concerned Municipal Corporation / Chairman of concerned Municipalities.

11). The candidates are instructed to bring ID proof on the date of Joining.

12). The Candidates 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
Memo no: DH&FWS/NHM/2018/2366
Date: 11.12.2018

Copy forwarded for information & necessary action please to the:

1. Additional Mission Director, FW & Secretary to the Govt. of West Bengal
2. Programme Officer, NHM, Swasthya Bhawan, Kolkata-91
3. State Nodal Officer, NUHM, Swasthya Bhawan, Kolkata-91
4. District Magistrate, N-24PGs
5. Commissioner of Bidhannagar MC with a request to accept the joining of FTMO under NUHM and requested to send his/her joining report to the undersigned for disbursement of salary.
6. The Chairman of all Municipalities under NUHM, N24PGs with a request to accept the joining of FTMO under NUHM and requested to send his/her joining report to the undersigned for disbursement of salary.
7. OC (Health), N-24PGs
8. The Executive Officer/ Finance Officer of concerned ULBs under NUHM N-24PGs
9. State Programme Management Unit, NUHM, Swasthya Bhawan, Kolkata-91
10. Dy. CMOH-I / II / III / ZLO /DMCHO / DPHNO / DTO, N-24PGs
11. Accounts Officer, CMOH Office, N-24PGs
12. The Health Officer of all concerned Municipalities
13. DPMU, N-24PGs

Chief Medical Officer of Health
North 24 Parganas

11.12.18
<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Application ID</th>
<th>Name</th>
<th>Place of Posting</th>
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<tbody>
<tr>
<td>1</td>
<td>FTMO-001</td>
<td>Dr. Rama Chakraborty</td>
<td>Baranagar M</td>
</tr>
<tr>
<td>2</td>
<td>FTMO-002</td>
<td>Dr. Saradindu Das</td>
<td>SDDM</td>
</tr>
<tr>
<td>3</td>
<td>FTMO-003</td>
<td>Dr. Tridib Sarkar</td>
<td>Baranagar M</td>
</tr>
<tr>
<td>4</td>
<td>FTMO-004</td>
<td>Dr. Ratan Kumar Baisya</td>
<td>Khardah M</td>
</tr>
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<td>FTMO-005</td>
<td>Dr. Kamalesh Chandra Das</td>
<td>BMC</td>
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<td>6</td>
<td>FTMO-006</td>
<td>Dr. Binapani Halder</td>
<td>Habra M</td>
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<td>FTMO-007</td>
<td>Dr. Kaustab Mukhopadhyay</td>
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<td>Dr. Arijit Paul</td>
<td>Halisahar M</td>
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<td>Dr. Krishnendu Choudhury</td>
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<td>Dr. Nishi Kanta Halder</td>
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<tr>
<td>12</td>
<td>FTMO-012</td>
<td>Dr. Jayanti Roy</td>
<td>BMC</td>
</tr>
<tr>
<td>13</td>
<td>FTMO-013</td>
<td>Dr. Ananta Saha</td>
<td>BMC</td>
</tr>
<tr>
<td>14</td>
<td>FTMO-014</td>
<td>Dr. Sunit Kr. Medda</td>
<td>Baranagar M</td>
</tr>
</tbody>
</table>
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. Hemia (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