



Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat
Phone No. 25523129, Fax No. 25624789
E-mail ID: cmohn24pgs@gmail.com



Date: 05.11.2018

Memo. No. DH & FWS/NHM/2018/2134


ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2018/232, Dated: 05.02.2018 the following candidate is selected for the post of Lady Counsellor, RCH under NHM, District Health & Family Welfare on purely contract basis for a period up-to 31.03.2019 on a consolidated monthly remuneration of Rs. 13,560/- (Rupees Thirteen Thousand Five Hundred and Sixty) only and posted at falling health care facility -

Sl. No.	Application ID	Name of Candidate	Caste Status	Place of posting
1	LCR-025	SMT. MANI SAHA	SC	Anwasha Clinic, Bagdah Rural Hospital, North 24 Parganas

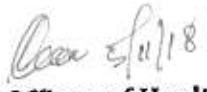
The above mentioned candidate are hereby engaged as per the terms and conditions mentioned below:

1. The order of engagement will take effect from the date she joins the post at office of the CMOH, North 24 Parganas.
2. The engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2019.
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. Payment of remuneration will be made from NHM Fund.
6. Smt. Mani Saha 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.
7. Any Candidate failing to report to office of the undersigned within stipulated period, may not be allowed to join later and her engagement order stands cancelled after that period.
8. No T.A/D.A is admissible for joining.


Chief Medical Officer of Health
North 24 Parganas
05.11.18

Copy forwarded for necessary information to:

- 1) The Hon'ble Chairperson, DLSC, DH & FW, North 24 Parganas
- 2) The Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
- 3) The District Magistrate, North 24 Parganas
- 4) The Addl. Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
- 5) The ADM (Health), North 24 Parganas
- 6) The Officer-in-Charge (Health), O/o the DM, North 24 Parganas
- 7) The Dy. CMOH - I/II/III/DMCHO/ZLO/DTO, North 24 Parganas
- 8) The DPHNO, North 24 Parganas
- 9) The ACMOHs (Bongaon Sub-division), North 24 Parganas
- 10) 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.**
- 11) The System Coordinator, Swasthya Bhawan, Govt. of W.B., **with request to upload this ORDER in official website of Health Department, W.B.**
- 12) The BMOH, Bagdah Rural Hospital, North 24 Parganas
- 13) The DPMU, North 24 Parganas
- 14) **Smt. Mani Saha is requested to report for joining to the stated post at Office of the Chief Medical Officer of Health, North 24 Parganas, Barasat, Pin- 700124, (Barasat District Hospital Campus) within 10(Ten) days from the date of issuance of this Order.**
- 15) **All concerned are being informed**
- 16) Guard File.


Chief Medical Officer of Health
North 24 Parganas
05.11.18

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

Three empty rectangular boxes stacked vertically, likely for a candidate's name or identification number.

- 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