Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat

Memo. No./RNTCP/2018/ 2.5

Date: 06.06.18

To
Dr. Siblali Das
C/o Late Harekrishna Das
A9, Rajpur Khurd Extension, Flat number 4, 2nd Floor, Chhatarpur New Delhi 110068

Sub: Engagement of Sr. MO, for DRTB Centre at R.G. Kar Medical College & Hospital.

This is to inform you that you are selected for the post of Sr.MO DRTB Centre, North 24 Parganas (DHFW, RNTCP) to work in Dept. of Pulmonary Medicine, R.G. Kar Medical College & Hospital on purely contractual basis on consolidated monthly remuneration of Rs. 40,000/- (Rupees Forty Thousand) only for a period up to 31st March, 2019. You are instructed to report at office of the undersigned within ten (10) days from the date of issue of this letter. Beyond this stipulated time period, the engagement will stand cancelled. The above mentioned candidate is hereby engaged as per the terms and conditions mentioned below:

- The order of engagement will take effect from the date she joins the post at office of the CMOH, North 24 Parganas.
- The engagement is purely on contract basis and will automatically be terminated after the expiry of 31.03.2019.
- The period of service may also be extended further on the basis of satisfactory performance.
- The service may also be terminated by one month’s prior notice from either side.
- Selected Candidate 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 (Voter ID/Aadhar Card, any one) and Medical Fitness Certificate (Medical Certificate Format of WBSHFW attached herewith) issued by the registered M.B.B.S Practitioner (attached herewith).
- 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.
- No TA./DA is admissible for joining.

[Signature]

District Health & Family Welfare Samiti
Chief Medical Officer of Health
North 24 Paraganas
Memo No. RNTCP/2018/ 255 (24)

Copy forwarded for information and necessary action to:
1. The Hon’ble Chairperson, DLSC, DH&FW, North 24 Parganas
2. The Director of Health Services, Govt. of W.B., Swasthya Bhawan
3. The Commissioner (FW) & Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
4. The Executive Director, SH&FWS, Govt. of W.B., Swasthya Bhawan
5. The District Magistrate, North 24 Parganas.
6. The Programme Officer, NHM, Govt. of W.B., Swasthya Bhawan
7. The ADM (Health), North 24 Parganas
8. The Joint Director & SFWO, SH & FWB, Govt. of W.B., Swasthya Bhawan
9. The STO, DH&FW, Govt. of W.B., Swasthya Bhawan
10. The Joint Director (TB) cum Director STDC, Department of Health & Family Welfare, Govt. Of West Bengal
11. The MSVP, R.G. Kar Medical College & Hospital
12. Professor & HOD, Dept. Of Pulmonary Medicine, R.G. Kar Medical College & Hospital
13. The Officer-in-charge (Health), O/o the DM, North 24 Parganas
14. The DMOH-I/II/III/DMCHO/2LO, North 24 Parganas
15. The DTO, North 24 Parganas
16. The State Account Officer, State TB Cell, Swasthya Bhawan
17. The HR Cell, Govt. of W.B., Swasthya Bhawan
18. The District Informatics Officer, O/o the DM, North 24 Parganas, with request to upload this ORDER in official website of North 24 Parganas
19. The System Coordinator, Swasthya Bhawan, Govt. of W.B., with request to upload this ORDER in official website of Health Department, W.B.
20. The District Programme Coordinator, RNTCP, North 24 Parganas
21. The Accounts Officer, O/o: CMOH, North 24 Parganas
22. The DPCCU-NHM, North 24 Parganas
Accountant, DTC, Barasat

23. Enlisted Candidate is being informed accordingly.

24. Guard File

Date: 04.06.18

[Handwritten Signature]

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 :

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

Page 1 of ?
i. Fill

ii. Until on account of

iii. Temporarily until on account of

Dated: ____________________________

Signature of the Medical Practitioner

Name: ____________________________

Degree: ____________________________

Regn. No. ____________________________ (Seal)

______________________________
Signature of Candidate

______________________________
Attested