ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2015/1437 & dated 24.11.15 and DH&FWS/NHM/2016/1529 dated 02.11.16, the 3rd & final list of candidates enlisted in “Annexure-I” are hereby selected for the post of Lab Technician under NUHM for UPHCs on purely contract basis for a period upto 31.03.18 on a consolidated monthly remuneration of Rs.9,380/- (Nine thousand three hundred eighty) only and posted at UPHCs under concerned Municipality / Bidhannagar Municipal Corporation.

Selected candidates are hereby engaged as per the terms and conditions mentioned below:

1. The order of engagement will take effect from the date he/she joins the post at office of the CMOH, North 24 Parganas.
2. This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2018.
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 NUHM Fund.
6. The candidates are 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 his/her engagement order stands cancelled after that period.
8. No T.A/D.A is admissible for joining.

Secretary,
District Health & Family Welfare Samiti & Chief Medical Officer of Health,
North 24 Parganas

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Memo No. DH & FWS/NHM/2017/ 1892/1(23)

Copy forwarded for necessary information to:

1) The Hon’ble Chairperson, DLSC, DH & FWS, North 24 Parganas
2) The Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
3) The Addl. 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 ADM(Health), North 24 Parganas
7) The Chief Medical Officer of Health, Basithat Health District
8) The Commissioner of Bidhannagar Municipal Corporation, North 24 Parganas
9) The Chairpersons of all concerned Municipalities, North 24 Parganas
10) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
11) The Nodal Officer-NUHM and DMCHO, North 24 Parganas
12) The Dy. CMOH- I/II/III /ZLO/DTO, North 24 Parganas & Basirhat Health District
13) The DPHNO, North 24 Parganas & Basirhat Health District
14) The ACMOH (all sub-divisions), North 24 Parganas & Basirhat Health District
15) The Executive Officer, Bidhannagar Municipal Corporation, North 24 Parganas
16) 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.
17) The System Coordinator, Swasthya Bhawan, Govt. of W.B., with request to upload this ORDER in official website of Health Department, W.B.
18) The District Programme Co-ordinator, NHM, North 24 Parganas
19) The Nodal officer-NUHM of Bidhannagar Municipal Corporation/all concerned Municipalities, North 24 Parganas
20) The Health Officer of Bidhannagar Municipal Corporation/all concerned Municipalities, North 24 Parganas
21) The DPMU North 24 Parganas & Basirhat Health District
22) Enlisted candidates in “Annexure-I” are being informed accordingly
23) Guard File

Dated: 12/10/2017

Secretary,
District Health & Family Welfare Samiti & Chief Medical Officer of Health,
North 24 Parganas

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<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Appl. Code No.</th>
<th>Name of the Applicant</th>
<th>Father’s Name / Husband’s name / Guardian’s name</th>
<th>Address</th>
<th>Place of posting (Name of the Municipality / Municipal Corporation)</th>
<th>Caste</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>LT0324</td>
<td>SK. ALIJAN MONDAL</td>
<td>SK. ENTAJ ALI MONDAL</td>
<td>Vill+P.O.-Patna, P.S.-Polba, Dist.-Hooghly. West Bengal-712148</td>
<td>Kamarhati Municipality</td>
<td>OBC-A</td>
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<tr>
<td>2.</td>
<td>LT0361</td>
<td>SAIKAT HAZRA</td>
<td>SUSANTA KUMAR HAZRA</td>
<td>VILL=GOBINDAPUR, P.O= GOTALAHAT- KRISHNAPUR, P.S=BISHNUPUR, DIST=SOUTH 24 PGS, STATE=W.B, PIN=743503</td>
<td>South DumDum</td>
<td>UR</td>
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<tr>
<td>3.</td>
<td>LT0199</td>
<td>PRASANTA PAL</td>
<td>SANAT KUMAR PAL</td>
<td>Vill-Tangramari, P.O.-Simulia Kalibari, P.S.-Hasnabad, Dist.-North 24 Parganas. West Bengal-743426</td>
<td>Basirhat</td>
<td>UR</td>
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<tr>
<td>4.</td>
<td>LT0168</td>
<td>MUSTAQE AHMED</td>
<td>SAMSUZZONA SK</td>
<td>Vill-Maliadanga, P.O.-Bokhara, P.S.-Sagardih, Dist.-Murshidabad. West Bengal-742226</td>
<td>Bidhannagar MC</td>
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<td>5.</td>
<td>LT0115</td>
<td>MD. ANISUZ ZAMAN</td>
<td>MD. MOKID ALI</td>
<td>Vill-Dugdia, P.O.+P.S.-Shason, Dist.-North 24 Parganas. West Bengal-743423</td>
<td>Madhyamgram</td>
<td>UR</td>
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<td>7.</td>
<td>LT0387</td>
<td>SK MD BELAL</td>
<td>SK. BASARAT ALI</td>
<td>VILL=HATGACHA, P.O= BHATORA, P.S=JOYPUR, DIST=HOWRAH, STATE=W.B, PIN=711303</td>
<td>Bhatpara</td>
<td>UR</td>
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<tr>
<td>8.</td>
<td>LT0307</td>
<td>ANANTA NEOGI</td>
<td>LT. GOBINDA CHARAN NEOGI</td>
<td>Vill-Rameswar pur, P.O.-Ramjibanpur, P.S.-Chandrakona, Dist.-Paschim Medinipur. West Bengal-721242</td>
<td>Panihati</td>
<td>UR</td>
</tr>
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</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."

<table>
<thead>
<tr>
<th>a. General Development</th>
<th>:</th>
<th>Good/Fair/Average/Poor</th>
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<tbody>
<tr>
<td>b. Vision</td>
<td>:</td>
<td>Right eye: Left eye:</td>
</tr>
<tr>
<td>i. Uncorrected/Naked</td>
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<td></td>
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<tr>
<td>ii. Corrected</td>
<td>:</td>
<td></td>
</tr>
<tr>
<td>iii. Nature and degree</td>
<td>:</td>
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<tr>
<td>c. Teeth</td>
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<tr>
<td>d. Hearing</td>
<td>:</td>
<td>e. Blood pressure:</td>
</tr>
<tr>
<td>e. Lung</td>
<td>:</td>
<td>f. Heart:</td>
</tr>
<tr>
<td>f. Spleen</td>
<td>:</td>
<td>g. Liver:</td>
</tr>
<tr>
<td>g. Hernia (present or absent) :</td>
<td>:</td>
<td></td>
</tr>
<tr>
<td>h. Hydroceles (present or absent) :</td>
<td>:</td>
<td></td>
</tr>
<tr>
<td>i. Urine</td>
<td>:</td>
<td>ii. Albumin: iii. Sugar</td>
</tr>
<tr>
<td>i. Specific Gravity</td>
<td>:</td>
<td></td>
</tr>
<tr>
<td>m. Identification marks</td>
<td>:</td>
<td></td>
</tr>
<tr>
<td>n. The Candidate is</td>
<td>:</td>
<td></td>
</tr>
</tbody>
</table>
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