




ORDER

In reference to the recruitment notice no. DH&FWS/NHM/2018/944, Dated 23.05.2018, the candidates of Annexure-A, B, C, D, E has been selected category wise as **Staff Nurse under NUHM** on purely contractual basis at a monthly remuneration of **Rs. 17,220/- (Rupees Seventeen thousand, two hundred & twenty -consolidated)** only and posted in place as mentioned against their respective names & "Place of Posting".

The candidates of Annexure-A (UR category) 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 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 Staff Nurse to report to the concerned UPHCs under their control. The concerned authority of respective Municipal Corporation and Municipalities will send joining report of Staff Nurses immediately (within 2days of joining) to the CMOH for maintenance of HR database.
- 7). The candidate should join within 4th January 2019.
- 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/ Chairman of concerned Municipality/ Municipal Corporation.
- 11). The candidates are instructed to bring ID proof on the date of Joining at the office of the Commissioner/ Chairman of concerned Municipal Corporation / Municipality.
- 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

18.12.18

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 **Staff Nurse under NUHM** and requested to send her joining report for disbursement of salary.
6. The Chairman of all Municipalities under NUHM, N24PGs with a request to accept the joining of **Staff Nurse under NUHM** and requested to send her joining report for disbursement of salary.
7. OC (Health), N-24PGs
8. The Executive Officer/ Finance Officer of all 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


18/12/18
Chief Medical Officer of Health
North 24 Parganas
18.12.18

Annexure: A

Provisional List of Staff Nurse under NUHM, North 24 Parganas: Category- UR

Sl. No.	Application Code	Name of Applicant	Father's/ Husband's/ Gurdian's Name	Place of Posting
1	SN-425	SARANIKA DAS	ANUVA DAS	Khardah
2	SN-250	RUMA SINHA BOSE	UJJWAL BOSE	Panihati
3	SN-524	ARPITA CHAKRABORTY	BIMAL CHAKRABORTY	Bhatpara
4	SN-261	ESHA PAHARI	ANJAN KUMAR PAHARI	South Dum Dum
5	SN-327	TANUSRI DEY	SASABINDU DEY	Bidhannagar
6	SN-055	SUNANDA JANA	SRIPATI CHARAN JANA	Bidhannagar
7	SN-119	MAMATA DHAR	SUDARSHAN DHAR	Ashoknagar
8	SN-378	DEBANJANA MAZUMDER	SAMAR MAZUMDER	Bidhannagar
9	SN-097	ANKITA CHAKRABORTY	SWAPAN CHAKRABORTY	North Barrackpore
10	SN-508	BAISHAKHY DEY	BABUL DEY	Dum Dum
11	SN-187	BHARATI PATRA	BIBHUPADA PATRA	Bidhannagar
12	SN-335	SANGEETA SARKAR	SWAPAN KUMAR SARKAR	Naihati
13	SN-284	AYANTIKA PANJA	SRIDHAR PANJA	Barrackpore
14	SN-473	RITA DAS	NARAYAN DAS	Habra
15	SN-553	SUNANDA GHOSH	SOMANDA GANGOPADHYAY	North Barrackpore
16	SN-497	MOULUDA KHATUN	PIARUL SK	Bidhannagar
17	SN-416	BAISHAKHI MANNA	LT. RAMPADA MANNA	Panihati
18	SN-316	SUSMITA DUTTA	GOPESH CH. DUTTA	Bhatpara
19	SN-244	AYESHI MAITY	SAMBIT MAITY	Bidhannagar
20	SN-393	AMRITA CHATTARAJ	ACHINTA CHATTARAJ	Bidhannagar
21	SN-114	JAYEETA DEY	SUBAL KRISHNA DEY	Panihati
22	SN-447	BAMPI MONDAL	BISWAJIT MONDAL	Bhatpara
23	SN-465	ALAKA JANA	LT. SUDHIR JANA	Bidhannagar
24	SN-490	ANWESA DUTTA	KAMAL CHANDRA DUTTA	Bhatpara
25	SN-036	SANJUKTA METTA	SIDDHARIHA SANKAR METTA	Bidhannagar
26	SN-412	RIYANTIKA SAHA	ANANDA SAHA	South Dum Dum
27	SN-545	ASHAPURNA GHOSH	BHABATOSH GHOSH	Ashoknagar
28	SN-188	ANTARA CHANDRA	PRASANTA CHNDRA	Halisahar
29	SN-359	MOUMITA MONDAL	MANORANJAN MONDAL	Titagarh
30	SN-236	MILI MONDAL	KAMAL KRISHNA MONDAL	Ashoknagar


 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 : 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. Hernia (present or absent) :
 k. Hydroceles (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