ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2016/30, dated 14.01.16 and DH&FWS/NHM/2016/1529, dated 02.11.16 the following candidates are hereby selected for DQAU (District Quality Assurance Unit) of NHM under Department of Health & Family Welfare, North 24 Parganas, on purely contract basis for a period upto 31.03.18 on a consolidated monthly remuneration mentioned hereunder-

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Application ID</th>
<th>Name of the candidate</th>
<th>Father’s / Guardian’s Name</th>
<th>Place of posting</th>
<th>Monthly consolidated remuneration</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>QA-020</td>
<td>MANORANJAN PAUL CHOWDHURY</td>
<td>MADHAB CHANDRA PAUL CHOWDHURY</td>
<td>District HQ, DH &amp; FW, North 24 Parganas</td>
<td>Rs. 40,000/-</td>
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<td>2</td>
<td>DCPH-014</td>
<td>DR. SUDIPTA BISWAS</td>
<td>SANATAN BISWAS</td>
<td>District HQ, DH &amp; FW, North 24 Parganas</td>
<td>Rs. 40,000/-</td>
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<td>3</td>
<td>QM-015</td>
<td>PUSPITA GHANTA</td>
<td>HRISHIKESH GHANTA</td>
<td>District HQ, DH &amp; FW, North 24 Parganas</td>
<td>Rs. 30,000/-</td>
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<td>4</td>
<td>QMFL-075</td>
<td>DILIP KUMAR BAIN</td>
<td>LATE RAMESH CHANDRA BAIN</td>
<td>Dr. J.R.Dhar Sub-division Hospital, Bongaon</td>
<td>Rs. 35,000/-</td>
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<td>5</td>
<td>QMFL-097</td>
<td>SUBHRADEEP ROY CHOWDHURY</td>
<td>SUBIR KUMAR ROY CHOWDHURY</td>
<td>District Hospital Basirhat, Basirhat</td>
<td>Rs. 35,000/-</td>
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<td>6</td>
<td>QMFL-051</td>
<td>JAYEETA SARKAR</td>
<td>AJAY SARKAR</td>
<td>District Hospital North 24 Parganas, Barasat</td>
<td>Rs. 35,000/-</td>
</tr>
</tbody>
</table>

The above mentioned 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 31.03.2017.
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. 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 (attached herewith).
6. 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.
7. No T.A/D.A is admissible for joining.

Secretary, District Health & Family Welfare Samiti & Chief Medical Officer of Health, North 24 Parganas
Memo No. DH & FWS/NHM/2017/ 1013/1(24)

Copy forwarded for necessary information 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 Special Secretary, TDE, Govt. of W.B., Swasthya Bhawan
8) The ADM(Health), North 24 Parganas
9) The Jt. Director & SFWO, SH & FWB, Govt. of W.B., Swasthya Bhawan
10) The DDHS(Admin), Govt. of W.B., Swasthya Bhawan
11) The DDHS(HA), Govt. of W.B., Swasthya Bhawan
12) The CMOH, Basirhat Health District
13) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
14) The Dy.CMOH-III, Member Secretary, DQAC, DH & FW, North 24 Parganas
16) The ACMOHs (all sub-divisions), North 24 Parganas
17) The Superintendent, District Hospital North 24 Parganas/Basirhat DH/Bongaon SDH
18) HR Cell, Govt. of W.B., Swasthya Bhawan
19) 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.
20) The System Coordinator, Swasthya Bhawan, Govt. of W.B., with request to upload this ORDER in official website of Health Department, W.B.
21) The District Programme Co-ordinator, NHM, North 24 Parganas
22) The DPMU/IDSP North 24 Parganas
23) Enlisted candidates are 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.
24) Guard File

Dated: 16.5.17

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 : 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. 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