



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/ 255

Date: 04.06.18

To  
Dr.Siuli 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(DHFWS,RNTCP)to work at Dept.of Pulmonary Medecine, R.G. Kar Medical College & Hospital on purely contractual basis on consolidated monthly remuneration of Rs.40,000/- (Rupees Fourty 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 engageent will take effect from the date she joins the post at office of the CMOH,North 24 Parganas.
- This 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 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 WBSH&FW attached herewith) issued by the registered M.B.B.S practioner (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./D.A is admissable for joining.

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

Hand

Memo No. RNTCP/2018/ 255 (24)

Date: 04.06.18

Copy forwarded for information and necessary action to:

- 1.The Hon'ble Chairperson,DLSC,DH&FW,North 24 Pargans
- 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 Jt. Director & SFWO,SH & FWB,Govt of W.B.,Swasthya Bhawan
- 9.The STO,DH&FW,Govt of W.B. Swasthy Bhawan
- 10.The Joint DHS(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
- 14The Dy.CMOH-I/II/III/DMCHO/ZLO,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 DPMU-NHM,North 24 Paragans  
Accountant, DTC, Barasat
- 23.Enlisted Candidate is being informed accordingly.
- 24.Guard File

Secretary

District Health & Family Welfare Samiti &  
Chief Medical Officer of Health  
North 24 Paraganas

Hand

**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)

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Signature of Candidate

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Attested