



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



Memo No. DH & FWS/NHM/2017/2350

Dated: 21.12.2017

ORDER

In reference to the recruitment notification no. BAR/88/2016, dated 22.02.16 **DR. DHRUBAJIT DUTTA ROY, application ID-SRM-001** is hereby selected for the post of Sr. Medical Officer, ART Center, WBSAP&CS 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 of Rs. 45,000/- (Forty Five thousands) and place of posting is ART Center, North 24 Parganas District Hospital, Barasat.

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 31.03.2018.
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. **DR. DHRUBAJIT DUTTA ROY** 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 (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. 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

Handwritten signature and date: 21/12/17

Copy forwarded for necessary information to:

- 1) The Hon'ble Chairperson, DLSC, DH & FW, North 24 Parganas
- 2) The Commissioner(FW) & Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
- 3) The Project Director, WBSAP&CS, 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 Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 8) The Dy.CMOH-II, North 24 Parganas
- 9) The Dy. CMOH- I/III/DMCHO/ZLO/DTO, North 24 Parganas.
- 10) The ACMOH (all sub-divisions), North 24 Parganas
- 11) The Superintendent, District Hospital North 24 Parganas, Barasat
- 12) HR Cell, Govt. of W.B., Swasthya Bhawan
- 13) 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.**
- 14) The System Coordinator, Swasthya Bhawan, Govt. of W.B., **with request to upload this ORDER in official website of Health Department, W.B.**
- 15) The District Programme Co-ordinator, NHM, North 24 Parganas
- 16) The DPMU/IDSP North 24 Parganas
- 17) **DR. DHRUBAJIT DUTTA ROY** is hereby informed.
- 18) Guard File


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. 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