



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



Memo. No. CMOH-NPG/NHM/2021/ 12087

Date: 27-12-2021

ORDER

In reference to the Order No. advt. CMOH-N24PGS/NHM/2021/1072 dated 08.02.2021 the following candidate of 'Annexure A' have been selected District Consultant Quality Monitoring under NQAP, purely contractual posts on contractual basis. The monthly remuneration of Rs. 35,000/- (Rupees Thirty five thousand consolidated). **The revised remuneration as per Memorandum order No.HFW-27011/137/2020/1352, Dated 29/12/2020** is being provided. The selected candidate will be posted in place as mentioned against the respective name "**Place of Posting**".

The candidate of 'Annexure A' is 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 position.
- 2). The period of contract will automatically be terminated after expiry of 31.03.2022.
- 3). If the incumbent proposes to cease his/her work without covering 1 months' notice period, his/her remuneration will be deducted accordingly.
- 4). The service may also be terminated by one month's notice from either side.
- 5). The candidates are directed to report for joining for the position of District Consultant Quality Monitoring under NQAP to the CMOH, North 24 Parganas.
- 6). The candidate should join within 31.12.2021.
- 7). 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.
- 8). No TA/DA is admissible for joining.
- 9). The candidate is instructed to bring three copies of joining letter on the date of Joining at the office of the CMOH, North24 Parganas, District Hospital Campus, Barasat, Kolkata 700124.
- 10). The candidate is instructed to bring ID proof & original documents on the date of Joining at the office of the CMOH, North24 Parganas, District Hospital Campus, Barasat, Kolkata 700124.
- 11). The Candidate 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




Memo. CMOH-NPG/NHM/2021/12087/1(10)

Date: 27-12-2021

Copy forwarded for information & necessary action please to:

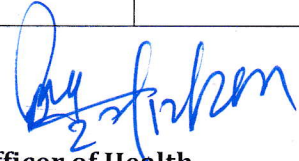
1. The Chairperson, DLSC, DH&FWS, North 24 Parganas
2. The Director of Health Services, Dept. H&FW, GoWB, Swastha Bhawan, Kol-91
3. The District Magistrate, North 24 Parganas
4. The SNO, Quality Assurance, GoWB, Swastha Bhawan, Kol-91
5. The Dy.CMOH-I/II/III/ DMCHO/ZLO/DTO, North 24 Parganas
6. The OC, Health, North 24 Parganas
7. The Account Officer, O/o the CMOH, North 24 Parganas
8. The HR Cell, Dept. H&FW, NHM, Swastha Bhawan, Kol-91
9. DPM, DSM, DAM, North 24 Parganas
10. Guard file.


Chief Medical Officer of Health
North 24 Parganas



Annexure-A

Name of the candidate	Application Code	Address	Date of Birth (DD/MM/YYYY)	Place of Posting
Sambuddha Chakraborty	GDMO-30	684 Aghore Sarani, Bosepukur More, PO. Rajpur, PS. Sonarpur, Kolkata-700149	26/05/1989	Under CMOH North 24 Parganas



Chief Medical Officer of Health
Chakraborty 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..... of 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. Hemia (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