



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/2019/1271

Date: 02.07.19

### ORDER

In reference to the recruitment notice no. DH&FWS/NHM/2019/378, Dated 20.02.2019, the candidates of Annexure-A has been selected as **Full Time Medical Officer under NUHM** on purely contractual basis at a monthly remuneration of **Rs. 40,000/- (Rupees Forty thousand, consolidated)** only and posted in place as mentioned against their respective names "**Place of Posting**".


The candidates of Annexure-A are hereby engaged as per the terms and condition 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 31.03.2020.
- 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 or Executive Officer of concerned Municipalities. The concerned Commissioner of Corporation and concerned Chairman or Executive Officer of Municipalities in turn are requested to direct the FTMO to report to the concerned UPHCs under their control. The concerned authority of respective Municipal Corporation and Municipalities will send joining report of FTMOs immediately (within 2days of joining) to the CMOH for maintenance of HR database.
- 7). The candidate should join within 13<sup>th</sup> July 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, of concerned Municipal Corporation / Chairman or Executive Officer of concerned Municipalities.
- 11). The candidates are instructed to bring ID proof on the date of Joining.
- 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).

  
21/7/19  
Chief Medical Officer of Health  
North 24 Parganas

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

  
Chief Medical Officer of Health  
North 24 Parganas

**Annexure- A**

SI No	Application ID	Name of the Applicant	Contact Number	Place of Posting
1	FTMO-001	Dr. Shibani Goswami	9831853398	Bidhannagar MC
2	FTMO-002	Dr. Suhridmohan Sanyal	9831037974	Bidhannagar MC
3	FTMO-005	Dr. Amrita Mandal	9830415224	South Dum Dum
4	FTMO-006	Dr. Ashimananda Goldar	7908938081	Bongaon
5	FTMO-008	Dr. Swadesh Kr. Halder	9830736151	Titagarh
6	FTMO-009	Dr. Krishna Shil	9874919331	Naihati
7	FTMO-011	Dr. Niladri Basak	7003093407/ 7059944030	Kanchrapara
8	FTMO-012	Dr. Nita Mazumder	9007447835	Titagarh
9	FTMO-014	Dr. Abirbhab Chakraborty	7980862075	Kanchrapara
10	FTMO-015	Dr. Pallab Kirtania	9833097407	South Dum Dum
11	FTMO-018	Dr. Ganapati Das	9433677856	Baranagar
12	FTMO-020	Dr. Paban Kumar Chaudhuri	8335030970	Baranagar
13	FTMO-021	Dr. Soumik Saha	8820857735	South Dum Dum
14	FTMO-019	Dr. Prasanta Das	8910279761	North Dum Dum
15	FTMO-007	Dr. Ishita Chakraborty	7002089722	South Dum Dum

**Chief Medical Officer of Health  
North 24-Parganas**

*H. Mondal*  
217/19



**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. 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