

Government of West Bengal Office of the Chief Medical Officer of Health Banomalipore, Barasat, North 24 Parganas, PIN-700124 Ph. No.: 033-2552-3129 E-mail: cmohn24pgs@gmail.com



Memo.No: CMOH(NPG)/NHM/ 02 7/

Date: 09.01.2024

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./7354, Date 12.09.2023 the following candidate is hereby engaged for the position of " Medical Officer " under "NUHM (NIMTA UCHC)". He will get a consolidated monthly remuneration of ₹ 60,000/- (Rupees Sixty thousand only). The candidate will be posted under CMOH at the Nimta UCHC.

SI	- ippineution	Name of the Candidate	Guardian's	DOB (YYYY- MM- DD)	Caste	Address	Place of Posting
1	CMOH- N24Pgs/ Recruitment/ 16810	SHUJA HUSSAIN	SHAHID HUSSAIN	1992-07- 30		Village: KOLKATA Post Office: PARK STREET Police Station: TALTALA District: KOLKATA State: WEST BENGAL Pin code: 700016	(NIMTA UCHC) under North Dumdum Municipality

The above-mentioned candidate is hereby engaged as per the terms and condition mentioned below:

- 1. As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. (ii) "All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 dated 29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23,2023-24 and 2024-25".
- 2. The order of engagement will take effect from the date he/she joins the position.
- 3. The period of contract will automatically get terminated at the end of the current financial year and subsequently it will be renewed subject to Annual Performance Report of the employee, and subject to RoP approval.
- 4. The service may also be terminated by one month's notice from either side.
- 5. The engagement in the said position is under NHM and shall be coterminous with "name of the programme".
- 6. If the incumbent proposes to give up his/her work without covering 1 (one) month's notice period, his/her remuneration will be deducted accordingly.
- 7. The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.
- 8. The candidates are directed to report for joining in the designated position at the Office of the CMOH, North 24 Parganas. Candidates are requested to appear at the time of joining with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.

- 9. Payment of remuneration will be made from FMR/Tally Code : (P.142.A.I).
- 10. The order of engagement will stand cancelled if the Candidate fails to join within 19.01.2024 .

Chief Medical Officer of Health North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/2022/...027 / ../1(15)

Date: 09/01/2024

Copy forwarded for information and necessary action to the:

- 1. The ADM (Health), North 24 Parganas
- 2. The Chairman, North Dumdum Municipality, North 24 Parganas
- 3. The Swasthya Karmadhyakshya, ZP, North 24 Parganas
- 4. The DDHS (RCH) & SNO (NUHM), H & FW Deptt., Govt. of West Bengal, Swasthya Bhavan
- 5. The EO, North Dumdum Municipality, North 24 Parganas
- 6. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, ADNO (NUHM) North 24 Parganas
- 7. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 8. The Accounts Officer, North 24 Parganas
- 9. The MMOH, North Dumdum Municipality, North 24 Parganas
- 10. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhavan
- 11. The IT Cell, Swasthya Bhaban with request for web-posting this order in www.wbhealth.gov.in
- 12. The DIO, NIC is requested for web-posting this order in http://north24parganas.gov.in/
- 13. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
- 14. Dr. SHUJA HUSSAIN for compliances.
- 15. Office Copy

North 24 Parganas



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Memo.No: CMOH(NPG)/NHM/ 0272

Date: 09.01.2024

ORDER

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SI.	Application ID	Name of the Candidate	Guardian's Name	DOB (YYYY-MM- DD)	Caste	Address	Place of Posting
1	CMOH-N24Pgs/ Recruitment/ 17304	PRATIK ACHARYYA	PRAFULLA ACHARYYA	1986-01-21	UR	Village: DUMDUM Post Office: GHUGHUDANGA Police Station: DUMDUM District: NORTH 24 PARGANAS State: WEST BENGAL	(NIMTA UCHC) under North Dumdum Municipality

The above-mentioned candidate is hereby engaged as per the terms and condition mentioned below:

- 1. As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. (ii) "All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 dated 29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23,2023-24 and 2024-25".
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Chief Medical Off North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/2022/....0272.../1(15)

Date: 09/01/2024

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- 5. Th EO, North Dumdum Municipality, North 24 Parganas
- 6. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, ADNO (NUHM) North 24 Parganas
- 7. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
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- 13. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
- 14. Dr. PRATIK ACHARYYA for compliances.
- 15. Office Copy

North 24 Parganas

Annexure A

Medical Certificate in case of appointment of candidates under West Bengal State Health & Family Welfare Samiti

Non	ne of the candidate	in full (in block le	etters) .			
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(cor	nmunicable or	otherwise)	constitutional	weakness	or bodily	infirmity
exce	ept					
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and	by appearance abo	วบ1	yed	ors".		
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		ed/Naked eye				
	ii. Corrected					
	iii. Nature an	a degree				
	Teeth:	d. Hed	aring :	e.	Blood press	ure '
C.	reem.	G. Tide			Dioca pross	
	Lung :	g. Hec	ort :	h.	Liver	
	cong .	3				
	Spleen					
	Hernio (present or	absent)	:			
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m.	identification mar	ks	;			
٦.	The Candidate is					
			D 1 -67			

		<u>.</u> .
	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		