



Government of West Bengal

Department of Health and Family Welfare

District Health & Family Welfare Samity (RNTCP)

(Erstwhile District Tuberculosis Control Society, North 24 Parganas)

Office: North 24 Parganas District Hospital, Barasat, West Bengal, Pin: 700124

Registration No.S/1L/11012 of 2002-2003 under Societies act. XXVI of 1961.

Phone: (+91) (033) 2552-3175, 2552 0636 Fax: (+91) (033) 2552-3175

email: dtowbnpg@rntcp.org

Memo No.: DH & FWS/NHM/2018/1180

Dated: 21/06/2018

ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2017/1506, dated 25.07.17 the following candidates are hereby selected for RNTCP (Revised National Tuberculosis Control Programme) under NHM, Department of Health & Family Welfare, North 24 Parganas, on purely contract basis for a period upto 31.03.2019 on a consolidated monthly remuneration against the post hereunder-

Panel for the post of TBHV (Tuberculosis Health Visitor)					
Vacancy-1 (UR 1)					
APPLICATION ID	NAME OF THE APPLICANT	Caste	Address	Place of Posting	Monthly consolidated Remuneration
TBHV -009	SAURAV MONDAL	UR	VILL- RAGHUNATHPUR,PO+P.S.- SINGUR,DIST-HOOGLY,STATE- WB,PIN-712409	North Barrackpur & Barrackpur Municipality	Rs.13,560/-

Panel for the post of LT (Lab Technician)					
Vacancy-1 (OBC B-1)					
APPLICATION ID	NAME OF THE APPLICANT	Caste	Address	Place of Posting	Monthly consolidated Remuneration
LT-067	MOSTAK AHMED TARAFDAR	OBC- B	VILL: KUSHAMGRA,PO-BAMAN PUKUR,P.S.-MINAKHAN,DIST- (N) 24 PGS,STATE-W.B,PIN- 743425	Palla PHC	Rs.17,220/-

The above mentioned candidates are hereby engaged as per the terms and conditions mentioned below:

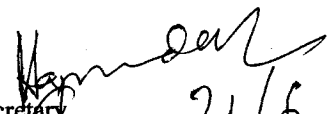
1. The order of engagement will take effect from the date he/she joins the post at office of the CMOH, North 24 Parganas.
2. This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2019.
3. The period of contract may be extended further on basis of satisfactory performance.
4. The service may also be terminated by one month's notice from either side.
5. Selected candidates are directed to report for joining to the stated post at the Chief Medical Officer of Health, North 24 Parganas, within 10 (Ten) days from the date of issuance of this order along-with their

Chief Medical Officer of Health
North 24 Parganas.

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 Practitioner (attached herewith).

6. Any candidate failing to report to office of the undersigned within allowed to join later and his/her engagement order stands cancelled after the period.

7. No T.A/D.A is admissible for joining.

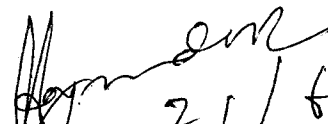

Secretary
District Health & Family Welfare Samiti
& Chief Medical Officer of Health,
North 24 Parganas

21/6/18

Memo No.: DH&FWS/NHM/2018/ 1180
Copy Forwarded for necessary information to :-

Dated: 21/06/2018

- 1) The Hon'ble Chairperson, DLSC, DH&FW, North 24 Parganas
- 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 WB., Swasthya Bhawan
- 7) The ADM (Health), North 24 Parganas
- 8) The Jt. Director & SFWO, SH&FWB, Govt of WB., Swasthya Bhawan
- 9) The STO, DH&FW, Govt of WB., Swasthya Bhawan North 24 Parganas
- 10) The Chairperson of Bhatpara, North Barrackpore, DumDum, Halisahar, North Dum Dum, Barasat, New Barrackpore & Madhyamgram Municipality, North 24 Parganas.
- 11) The Commissioner of Bidhannagar Municipal Corporation, North 24 Parganas.
- 12) The MSVP of College of Medicine & Sagore Dutta Hospital North 24 Parganas
- 13) The Officer-in-Charge (Health), O/o the DM, North 24 Parganas
- 14) The Dy CMOH-1/II/III/DMCHO/ZLO, DH & FWS, North 24 Parganas
- 15) The DTO, DH&FW, North 24 Parganas
- 16) The MO-DTC, Barasat, North 24 Parganas
- 17) The ACMOH's (all sub divisions), North 24 Parganas
- 18) The Superintendent of concerned Hospitals, North 24 Parganas
- 19) The Accounts Officer, O/o the CMOH, North 24 Parganas
- 20) The HR Cell, Govt of W.B., Swasthya Bhawan
- 21) 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.
- 22) The System Coordinator, Swasthya Bhawan, Swasthya Bhawan, Govt of W.B. with request to Health Department, W.B.
- 23) The District Programme Coordinator, NHM, North 24 Parganas
- 24) The DPMU/IDSP North 24 Parganas
- 25) The BMOH of concerned RH/BPHC, North 24 Parganas
- 26) Enlisted candidates are being informed shortly.
- 27) Office Copy.


Secretary
District Health & Family Welfare Samiti
& Chief Medical Officer of Health,
North 24 Parganas
Chief Medical Officer of Health
North 24 Parganas.

21/6/18

**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