

Memo.No: CMOH(NPG)/NHM/ 2512

Date: 29-03-2023

### ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec.2022/8048, Date 26.08.2022 and Memo No. CMOH-N24PGS/NHM/10582, Date 06.12.2022 the following candidate is hereby engaged for the position of " **Block Public Health Manager**" under "XV Finance Commission Health Grant". As per Govt. order vide Memo. No. HFW/NHM-478/2021/370, dated 03.06.2022, He/ She will get a consolidated monthly remuneration of ₹ 35,000/- (**Rupees Thirty-Five thousand only**). The candidate will be posted in place as mentioned against his respective name in the column "Place of Posting".

Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address	Place Of Posting
1	CMOH-N24PGs/ Recruitment/ 8068	SONIYA PAL	SUBHAS PAL	1995-12-11	UR	14. M.B.ROAD, KAMARHATI(9M), BELGHORIA, KOLKATA - 700056	Chandpara BPHC, Gaighata Block, North 24 Parganas

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

1. The engagement is subject to final outcome of the petition filed vide WPA(P) 335 of 2022 in the matter of Pijus Parta Vs. The State of West Bengal & Ors.
2. The engagement is made purely on contract basis till 2025-2026 i.e. it will be co-terminus with the tenure of XV-Finance Commission Health Grant.
3. However, the contract period will be renewed every year based on satisfactorily performance of the candidate.
4. There will be no enhancement of remuneration during the tenure of his/her contract period.
5. No transfer request will be entertained during the engagement period.
6. The order of engagement will take effect from the date he/she joins the position.
7. The service may also be terminated by one month's notice from either side.
8. If the incumbent proposes to give up his/her work without covering 1 (one) months' notice period, her remuneration will be deducted accordingly.
9. The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.

10. The candidates are directed to report for joining in the designated position to the Block Medical Officer of Health of RH/ BPHC of their respective block (place of posting) as mentioned against their names with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.
11. The order of engagement will stand cancelled if the Candidate fails to join within 15 (fifteen) days from the date of issue of this order.

a/w 29/3/23  
Chief Medical Officer of Health  
North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/2022/.....2512...../1(10)

Date: 29/03/2023

**Copy forwarded for information and necessary action to the:**

1. The Mission Director, NHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
2. The Programme Officer-I, NHM, H & FW Deptt. Govt. of West Bengal, Swasthya Bhavan
3. The Dy. CMOH-I/II/III/IV, North 24 Parganas
4. The ACMOH (all sub-divisions), North 24 Parganas
5. The BMOH- Chandpara BPHC is requested to send the joining report to the undersigned for disbursement of remuneration.
6. The Accounts Officer, North 24 Parganas
7. The DIO-NIC, Office of the District Magistrate, North 24 Parganas with request for web-posting this order in [www.north24parganas.gov.in](http://www.north24parganas.gov.in)
8. The IT Cell, Swasthya Bhaban with request for web-posting this order in [www.wbhealth.gov.in](http://www.wbhealth.gov.in)
9. The DSM, North 24 Parganas with request for web-posting this order in [www.north24parganashealth.org](http://www.north24parganashealth.org)
10. Soniya Pal, 14. M.B.Road, Kamarhati(9m), Belghoria, Kolkata - 700056
11. Office Copy

DNO-NUHM  
North 24 Parganas



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/ 2513

Date: 29-03-2023

### ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec.2022/8048, Date 26.08.2022 and Memo No. CMOH-N24PGS/NHM/10582, Date 06.12.2022 the following candidate is hereby engaged for the position of " **Block Public Health Manager**" under "XV Finance Commission Health Grant". As per Govt. order vide Memo. No. HFW/NHM-478/2021/370, dated 03.06.2022, He/ She will get a consolidated monthly remuneration of ₹ 35,000/- (**Rupees Thirty-Five thousand only**). The candidate will be posted in place as mentioned against his respective name in the column "Place of Posting".

Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address	Place Of Posting
1	CMOH-N24Pgs/Recruitment/6621	DR. MD SADRIL WARA	MD HARUN AL RASHID	1992-02-06	UR	VILL ESSERPARA, PO+PS ISLAMPUR, DIST MURSHIDABAD, PIN 742304	Reckjoyani BPHC, Rajarhat Block, North 24 Parganas

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

1. The engagement is subject to final outcome of the petition filed vide WPA(P) 335 of 2022 in the matter of Pijus Parta Vs. The State of West Bengal & Ors.
2. The engagement is made purely on contract basis till 2025-2026 i.e. it will be co-terminus with the tenure of XV-Finance Commission Health Grant.
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9. The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.



10. The candidates are directed to report for joining in the designated position to the Block Medical Officer of Health of RH/ BPHC of their respective block (place of posting) as mentioned against their names with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.
11. The order of engagement will stand cancelled if the Candidate fails to join within 15 (fifteen) days from the date of issue of this order.

*am 29/3/23*  
Chief Medical Officer of Health  
North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/2022/.....2513...../1(10)

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3. The Dy. CMOH-I/II/III/IV, North 24 Parganas
4. The ACMOH (all sub-divisions), North 24 Parganas
5. The BMOH- Reckjoyani RH is requested to send the joining report to the undersigned for disbursement of remuneration.
6. The Accounts Officer, North 24 Parganas
7. The DIO-NIC, Office of the District Magistrate, North 24 Parganas with request for web-posting this order in [www.north24parganas.gov.in](http://www.north24parganas.gov.in)
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9. The DSM, North 24 Parganas with request for web-posting this order in [www.north24parganashealth.org](http://www.north24parganashealth.org)
10. Dr. Md Sadril Wara, Vill Esserpara, Po+Ps Islampur, Dist Murshidabad, Pin 742304
11. Office Copy

*29/3/23*  
DNO-NHMH  
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.  
Sr/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)

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Signature of Candidate

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Attested