
 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	 NATIONAL HEALTH MISSION জাতীয় স্বাস্থ্য মিশন
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Memo.No: CMOH(NPG)/NHM/ 6884

Date: 28-08-23

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./1207, Date 15.02.2023 and Memo No. CMOH-N24PGS/NHM/Rec./6714, Date 23.08.2023 the following candidate is hereby engaged for the position of "TBHV" under "NTEP". He/ She will get a consolidated monthly remuneration of ₹ 18,000/- (Rupees Eighteen thousand only). The candidate will be posted under CMOH and final place of posting will be notified later.


Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address
1	CMOH-N24Pgs/Recruitment/12011	Sangeeta Nunia	Sankar Nunia	1997-11-27	SC	Village: SITALPUR, Post Office: DEBIGANJ, Police Station: CHANCHAL, District: MALDA, State: WEST BENGAL, Pincode: 732123

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

- 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".
- The order of engagement will take effect from the date he/she joins the position.
- 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.
- Annual increment will be applicable from financial year 2025-26.
- The service may also be terminated by one month's notice from either side.
- The engagement in the said position is under NHM and shall be coterminous with "name of the programme".
- 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.
- 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.
- 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.

10. Payment of remuneration will be made from FMR/Tally Code : (B.184.A.I).

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.

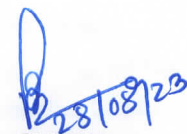

Chief Medical Officer of Health
North 24 Parganas

Memo. No: CMOH (N24Pgs)/NHM/.....6884...../1(12)

Date : 28-08-23

Copy forwarded for information and necessary action to the:

1. The ADM(Health), North 24 Parganas
2. The Swasthya Karmadhyakshya, ZP, North 24 Parganas
3. The STO, NTEP, H & FW Deptt. ,Govt. of West Bengal, Swasthya Bhavan
4. The Dy.CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, North 24 Parganas
5. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
6. The Accounts Officer, North 24 Parganas
7. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhavan
8. The IT Cell, Swasthya Bhaban with request for web-posting this order in www.wbhealth.gov.in
9. The ADIO, NIC is requested for web-posting this order in <http://north24parganas.gov.in/>
10. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
11. Sangeeta Nunia, for compliances.
12. Office Copy


Dy. CMOH I
North 24 Parganas

Annexure A

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)

Signature of Candidate

Attested