

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/ 7212

Date: 07-09-2023

<u>ORDER</u>

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 **"Laboratory Technician" under "NTEP".** He/ She will get a consolidated monthly remuneration of **₹ 22,000/- (Rupees Twenty tow thousand only)**. The candidate will be posted under CMOH and final place of posting will be notified later.

| SI. No. | Application ID | Name Of The Candidate | Guardian's Name | DOB (YYYY-MM- DD) | Caste | Address |
|------------|-----------------------------------|--------------------------|--------------------|-------------------------|-------|--|
| 1 | CMOH- N24Pgs/Recruitment/11739 | SUVENDU SHIT | ALOK SHIT | 1996-12-01 | SC | VILL- INDRESWARPUR, P.O- BAKHRABAD, PS- BELDA, DIST- PASCHIM MEDINIPUR, PIN- 721424 |

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 dated29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23, 2023-24 and2024-25".
- 2. Theorderofengagement will take effect from the date he/shejoins the position.
- 3. Theperiodofcontractwillautomaticallygetterminatedattheendofthecurrentfinancialyearandsubsequentlyitwi liberenewedsubjectto Annual Performance Report of the employee, and subject to RoP approval.
- 4. Annualincrementwillbeapplicablefromfinancialyear2025-26.
- 5. The service may also be terminated by one month's notice from either side.
- $6. \ \ The engagement in the said position is under NHM and shall be coterminous with ``name of the programme''.$
- 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.
- 9. 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 North 24 Parganas

Date: 07 - 09 - 2023.

Copy forwarded for information and necessary action to the:

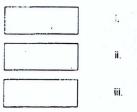
- 1. The ADM(Health), North 24 Parganas
- 2. The Swasthya Karmadhyakshya, ZP, North 24 Parganas
- 3. The STO, NTEP, H & FW Deptt. ,Govt. of West Bengal, Swasthya Bhavan
- 4. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, North 24 Parganas
- 5. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 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. Suvendu Shit, for compliances.
- 12. Office Copy

Dy. Cl North 24 Parganas

Annexure A

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

| Nom | e of the candidate in t | ull (in block let | ters) | | | | | | | | | |
|---|-------------------------|-------------------|------------------------|-----------------|------------------|-----------|--|--|--|--|--|--|
| Height (without shoe) | | | | : Cm. | | | | | | | | |
| Weight | | | | Kg. | | | | | | | | |
| | | | | | | | | | | | | |
| " he | reby certify that I hav | e examined Si | ri/Smt | | | a | | | | | | |
| cond | idate for employment | in the West B | engal State He | alth & Family W | elfare Samiti, d | and can't | | | | | | |
| disco | ver 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 | | | | | | | | | | | | |
| and | by appearance about. | | уес | ors". | | | | | | | | |
| Ο. | General Developme | | Good/Fair/Average/Poor | | | | | | | | | |
| | | | | | 3 | | | | | | | |
| b. | Vision | | | Right eye: | Left e | ye: | | | | | | |
| | i. Uncorrected, | Naked eye | 1 | | | | | | | | | |
| | ii. Corrected | | | | | | | | | | | |
| | iii. Nature and d | legree | : | | | | | | | | | |
| | | | | | | | | | | | | |
| C. | Teeth : | d. Heari | ng : | e. | Blood pressur | e: | | | | | | |
| | | a. Heart | | • h. | Liver | | | | | | | |
| t. | lung : | g. Heart | • | | LIVEI | | | | | | | |
| 1. | Spleen | | · · · · · | | | | | | | | | |
| | | | | | | | | | | | | |
| j. | Hernia (present or ab | osent) | : | | | | | | | | | |
| | | | | | | | | | | | | |
| k. , | Hydroeceles (present | : | | | | | | | | | | |
| | | | | | | | | | | | | |
| l | Urine i. Specific Gro | avity | ii. Albumin | | iii. Sugar | | | | | | | |
| | 12.13 | | | | | | | | | | | |
| m. | Identification marks | | | | | | | | | | | |
| | The Candidate is | | | | | | | | | | | |
| n. | | | Page 1 of 2 | | | | | | | | | |
| | | | rage i or c | | 1 | | | | | | | |



Fit

Untit on account of

Temporarily unfit on account of

Dated:

Signature of the Medical Practitioner

:

Name :

Degree

Regn. No. (Seal)

Signature of Candidate

Attested

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