

Memo.No: CMOH(NPG)/NHM/ 8119

Date: 04/10/2023

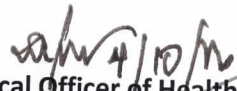
ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./5470, Date 18.07.2023 the following candidate is hereby engaged for the position of "Homoeopathic Medical Officer (HMO)" under "AYUSH". He will get ₹ 1,000/- (Rupees One thousand only) / per day may be given for maximum 10 days in a month . The candidate will be posted under DMO- AYUSH, North 24 Parganas.

| Sl. No. | Application ID | Name Of The Candidate | Guardian's Name | DOB (YYYY-MM-DD) | Caste | Address |
|---------|-------------------------------|-----------------------|--------------------------|------------------|-------|---|
| 1 | CMOH-N24Pgs/Recruitment/12445 | DR. SUDIP KUMAR GHOSH | LATE BIJAN KRISHNA GHOSH | 1963-03-01 | UR | Village: GC,18/7 NARAYANTALA WEST Post Office: DESHBANDHUNAGAR Police Station: BAGUIATI District: NORTH 24 PARGANAS State: WEST BENGAL Pincode: 700059 |

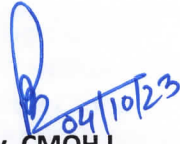
The above-mentioned candidate is hereby engaged as per the terms and condition mentioned below:

1. The order of engagement will take effect from the date he/she joins the position.
2. 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.
3. The service may also be terminated by one month's notice from either side.
4. 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.
5. The Candidate has to produce a Medical Fitness Certificate (Annexure-A) from the registered Medical Practitioner (Medical Council / Homoeopathy Medical Council/ Ayurvedic Medical Council/ UNANI Council) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.
6. 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.
7. 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

Copy forwarded for information and necessary action to the:

1. The ADM (Health), North 24 Parganas.
2. The Director of Ayurveda/Homeopathy, Swasthya Bhawan.
3. The A.E.D. West Bengal AYUSH Samity.
4. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
5. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, North 24 Parganas
6. The Accounts Officer, North 24 Parganas
7. The DMO-AYUSH, North 24 Parganas
8. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhawan
9. The IT Cell, Swasthya Bhaban with request for web-posting this order in www.wbhealth.gov.in
10. The DIO, NIC is requested for web-posting this order in <http://north24parganas.gov.in/>
11. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
12. DR. SUDIP KUMAR GHOSH for compliances.
13. 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