

Memo.No: CMOH(NPG)/NHM/ 8263

Date: 09-10-2023

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./5469, Date 18.07.2023 the following candidate is hereby engaged for the position of "Programme Assistant" under "PCPNDT". He will get ₹ 22,000/- (Rupees Twenty Two thousand only) per month . The candidate will be posted under CMOH, PCPNDT cell, North 24 Parganas..

Sl. No.	Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY-MM-DD)	Caste	Address
1	CMOH-N24Pgs/Recruitment/12539	NATARAJ SARKAR	JAYANTA SARKAR	1987-12-12	UR	Village: Guria Post Office: Bhata Police Station: Tarakeswar District: Hooghly State: West Bengal Pincode: 712410

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., 2023-24, 2024-25 and 2025-26".
- The order of engagement will take effect from the date he 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.
- 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 (Medical Council / Homoeopathy Medical Council/ Ayurvedic Medical Council/ UNANI Council) in the enclosed format and a valid photo identity proof of himself 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. Candidate is 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.
- 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/2022/8263/1(11)

Date : 09-10-2023

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

1. The ADM (Health), North 24 Parganas.
2. The SFWO, H & FW Department, Govt. of WB.
3. The DDHS, (FW), H & FW Department, Govt. of WB.
4. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/ADNO/DTO, North 24 Parganas
5. The Accounts Officer, North 24 Parganas
6. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhawan
7. The IT Cell, Swasthya Bhaban with request for web-posting this order in [www.wbhealth.gov.in](http://www.wbhealth.gov.in)
8. The DIO, NIC is requested for web-posting this order in <http://north24parganas.gov.in/>
9. The DSM, North 24 Parganas with request for web-posting this order in [www.north24parganashealth.org](http://www.north24parganashealth.org)
10. NATARAJ SARKAR for compliances.
11. 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)

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Signature of Candidate

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Attested