





Memo.No: CMOH(NPG)/NHM/ 0265

Date: 09/01/2024

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./7354, Date 12.09.2023 the following candidate is hereby engaged for the position of "General Duty Medical Officer" under "NHM. He will get a consolidated monthly remuneration of ₹ 60,000/- (Rupees Sixty thousand only). The candidate will be posted at the Kolsur PHC (Deganga Block).

SI. No.	Application ID	Name of the Candidate	Guardian's Name	DOB (YYYY- MM- DD)	Caste	Address	Place of Posting
1	CMOH-N24Pgs/ Recruitment/ 20403	NILOY MANDAL	SHAMBHU NATH MANDAL	1997- 10-20	SC	Vill Sahebpur, PO- Champahati, PS- Sonarpur, Pin-743330, Dist South 24 pgs	Kolsur PHC under Deganga Block

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., 202223,2023-24 and 2024-25".
- 2. 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.
- 4. The service may also be terminated by one month's notice from either side.
- 5. The engagement in the said position is under NHM and shall be coterminous with "name of the programme".
- 6. 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.
- 7. 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.
- 8. The candidates are directed to report for joining in the designated position at the Office of the BMOH, Deganga Block, 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.

- 9. Payment of remuneration will be made from FMR/Tally Code: (B.184.A.i).
- 10. The order of engagement will stand cancelled if the Candidate fails to join within 19.01.2024 .

Chief Medical Officer

Memo. No: CMOH (N24Pgs)/NHM/2022/....0265../1(14)

Date:

09/01/2024

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 DDHS (RCH) & SNO (NUHM), H & FW Deptt. ,Govt. of West Bengal, Swasthya Bhavan
- 4. The Dy.CMOH- I/II/III/IV/DMCHO/DPHNO/DTO, ADNO (NUHM) 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 BMOH- Deganga Block
- 8. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhavan
- 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. The DAM, North 24 Parganas
- 13. Dr. NILOY MANDAL for compliances.
- 14. Office Copy

North 24 Parganas

Annexure A

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

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disc	over that Sri/Smt				has an	y disease
(con	nmunicable or	otherwise)	constitutional	weakness	or bodily	infirmity
exce	ept					
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Sri/Sr	m1	's age is, ac	cording to his c	own statement.		Years
and	by appearance abo	out1⊍c	yec	ors".		
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b.	Vision			Right eye:	Lett	eye:
		ed/Naked eye				
	ii. Corrected					
	iii. Nature an	a degree				
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C.	reem.	d. Hodi			Dioca pion	
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	Spleen					
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Dated:		Signature of the Medical Practitioner
		Name :
		Degree
		Regn. No. : (Seal)
Signature of Candidate		
		*
Attested		