

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/0433

Date:

ORDER

In reference to the Recruitment Notice No. CMOH/N24PGS/NHM/Rec./6667, Date 22.08.2023 and Memo No. CMOH-N24PGS/NHM/Rec./10575, Date 29.12.2023 the following candidate is hereby engaged for the position of " Medical Officer (UHWC) " under "XV FC". He / She will get a consolidated monthly remuneration of ₹ 60,000/- (Rupees Sixty thousand only). The candidate will be posted under

Application ID	Name Of The Candidate	Guardian's Name	DOB (YYYY- MM- DD)	Caste	Address	Place of Posting (Name of the Municipality)
CMOH- N24Pgs/Recruitment /15150	JINNAT RAHAMAN	MAZNUR RAHAMAN	1994- 07-04	UR	NAJRUL SARANI, WARD NO 7, PO TUFANGANJ, DIST COOCHBEHAR, PIN 736159	North Dumdum

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

- 1. The engagement is subject to final outcome of the petition filed vide WPA(P) 335 of 2022 in the matter of Pijus Parta Vs. The State of West Bengal & Ors.
- 2. The engagement is made purely on contract basis till 2025-2026 i.e. it will be co-terminus with the tenure of XV-Finance Commission Health Grant.
- 3. However, the contract period will be renewed every year based on satisfactorily performance of the candidate.
- 4. There will be no enhancement of remuneration during the tenure of his/her contract period.
- 5. No transfer request will be entertained during the engagement period.
- 6. The order of engagement will take effect from the date he/she joins the position.
- 7. The service may also be terminated by one month's notice from either side.
- 8. If the incumbent proposes to give up his/her work without covering 1 (one) months' notice period, her remuneration will be deducted accordingly.
- 9. 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.

- 10. The candidates are directed to report for joining in the designated position to the Commissioner (BMC)/ Executive Officer (all Municipalities) of their respective Urban Local Bodies (place of posting) as mentioned against their names with downloaded engagement order, photo ID proof, address proof, caste certificate & disability certificate of himself/herself and Medical Fitness Certificate.
- 11. Payment of remuneration of Human Resource for ULBs/ Urban HWC (XV-FC) X6.FU.2.1.1.
- 12. The order of engagement will stand cancelled if the Candidate fails to join within 19.01.2024.

Chief Medical Officer of Health North 24 Parganas

Date: 11-01-2024

Copy forwarded for information and necessary action to the:

- 1. The ADM (Health), North 24 Parganas
- 2. The Mayor of Bidhannagar MC, North 24 Parganas.
- 3. The Swasthya Karmadhyakshya, ZP, North 24 Parganas
- 4. The Programme Officer I, H & FW, Deptt., Govt. of West Bengal, Swasthya Bhawan.
- 5. The Commissioner of Bidhannagar MC, North 24 Parganas.
- 6. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO/DNO-NUHM, North 24 Parganas
- 7. The Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 8. The Accounts Officer, North 24 Parganas
- 9. The CHO / MMOH Bidhannagar MC, North 24 Parganas.
- 10. The HR Cell, Swasthya Bhawan, Govt. of West Bengal, Swasthya Bhawan
- 11. The IT Cell, Swasthya Bhawan with request for web-posting this order in www.wbhealth.gov.in
- 12. The DIO, NIC is requested for web-posting this order in http://north24parganas.gov.in/
- 13. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
- 14. JINNAT RAHAMAN for compliances.
- 15. 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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(cor	nmunicable or	otherwise)	constitutional	weakness	or bodily	infirmity
exce	ept					
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and	by appearance abo	วบ1	yed	ors".		
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	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		
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Attested		