



GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
RAMPURHAT HEALTH DISTRICT

E.mail: cmohrampurhatd@gmail.com
Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 1059 .

Dated: 28-04-2022

Engagement Notification

As per approval of the District Level Selection Committee, Rampurhat Health District in connection with the Recruitment Notice vide memo no. DHFWS/RPH/DPMU/6139 dt.24.06.2021 & DHFWS/RPH/DPMU/3488 dt.21.12.2021, the following candidate from the approved panel list are hereby engaged for the different positions under National Health Mission purely on contract basis as mentioned in column no. 6 (six) with the monthly remuneration as mentioned in column no.8(eight) ;

Sl. No (1)	Name of the Candidate (2)	Guardian's Name (3)	Date of Birth (4)	Category of Post (5)	Name of the post (6)	Name of the Programme (7)	Monthly Remuneration (8)	Place of Posting (9)
1.	LOKNATH PRAMANIK	PRASANTA KUMAR PRAMANIK	01-03-1998	UR	Staff Nurse	NUHM	Rs.25,000.00	UPHC-I
2.	DEBOLINA CHOWDHURY	LAXMINARAYAN CHOWDHURY	17-05-1996	UR	Attendant	NRC	Rs.5000.00	NRC, RGMCH

The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- The order of engagement will take effect from the date he/she joins the post at CMOH Office, Rampurhat HD.
- This period of contract of engagement will automatically be terminated at the end of the current financial year i.e. 31.03.2023.
- The period of contract may be renewed subject to approval of the position in the next financial year and on the basis of satisfactory performance of the incumbent.
- The service may also be terminated by one month's notice from either side. If the incumbent proposes to give up his/her work without covering 01 (one) month's notice period, his/her remuneration will be deducted accordingly.
- The payment of remuneration will made from the respective programme fund and the incumbents will not be entitled for any incremental benefits for next 03 (three) consecutive financial years since their joining.
- The candidates are directed to report for joining for the position at the O/O. The member Secretary cum CMOH, Rampurhat HD **within 07 (Seven) working days** from the date of issuance of this notification.
- The candidates are required to **undergone a Medical Test from a registered Medical Practitioner** as per the attached format and submit the same during the period of his/her joining.
- The candidates should bring downloaded engagement notification, Photo Identity Proof (*Voter card/ Aadhar card/ Driving License/ Passport*) along with one **non-judicial stamp paper worth Rs.10/-** for execution of contract agreement during their joining.
- Any person failing to report to the office of the undersigned **within the stipulated period**, will not be allowed to join the post later and his/her selection of engagement stands cancelled after that period.


Member Secretary

District Health & Family Welfare Samiti
Rampurhat Health District, Birbhum

GOVT. OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY
RAMPURHAT HEALTH DISTRICT

E.mail: cmohrampurhathd@gmail.com

Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 1059/1 (7)

Dated: 28-04-2022.

Copy forwarded for information to:-

1. Dr. Asish Banerjee, Hon'ble Deputy Speaker, West Bengal Legislative Assembly & Chairperson of 'District Selection Committee', Rampurhat HD.
2. The Sabhadhipati, Birbhum Zilla Parishad
3. The District Magistrate, Birbhum
4. The MSVP, Rampurhat Govt. Medical College & Hospital
5. The Addl. District Magistrate (Gen), Birbhum
6. The Swasthya Karmadkshya, Birbhum Zilla Parishad
7. The SDO, Rampurhat Sub-Division, Rampurhat, Birbhum



Member Secretary

District Health & Family Welfare Samiti
Rampurhat Health District, Birbhum

Memo No. DHFWS/RPH/DPMU/ 1059/2 (9).

Dated: 28-04-2022.

Copy forwarded for information to:-

1. The Director of Health Services, Swasthya Bhavan, Kolkata-91
2. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
3. The PO-I, NHM, Swasthya Bhavan, Kolkata-91
8. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
9. The Dy.CMOH-I/II/III/ACMOH/DPHNO, Rampurhat HD
4. The Accounts Officer, Rampurhat HD
5. The DPM, Rampurhat HD
6. The DAM/AM/Co-ordinator (F & L), Rampurhat HD
7. The DIO, NIC, Birbhum – with request to publish this notification in the official webpage of Birbhum.
8. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – with request to publish this notification in the official website of Swasthya Bhawan i.e. www.bhealth.gov.in
9. Office copy.



Member Secretary

District Health & Family Welfare Samiti
Rampurhat Health District, Birbhum

MEDICAL CERTIFICATE IN CASE OF APPOINTMENT OF CANDIDATE
UNDER
DISTRICT HEALTH & FAMILY WELFARE SAMITI, RAMPURHAT HEALTH DISTRICT, BIRBHUM

Name of the candidate in full :
(In block letter)

Height (Without Shoe) : Cm

Weight : Kg

“ I hereby certify that I have examined Sri /Smt
a candidate for employment in the District Health & Family Welfare Samiti, Rampurhat HD and can't
discover that Sri /Smt. has
any disease (communicable or otherwise) constitutional weakness or bodily infirmity, except.....
.....

I do not consider this is a disqualification for employment in the office of the District Samiti. Sri/Smt
.....'s age is according to his own statement isyears
and by appearance aboutyears.”

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) :

MEDICAL CERTIFICATE IN CASE OF APPOINTMENT OF CANDIDATE
 UNDER
 DISTRICT HEALTH & FAMILY WELFARE SAMITI, RAMPURHAT HEALTH DISTRICT, BIRBHUM

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)

.....
 Full signature of the Candidate

.....
 Attested