



सत्यमेव जयते

Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat



জাতীয় স্বাস্থ্য মিশন

Memo. No. DH & FWS/NHM/2019/ 272

Date:08.02.19

ORDER

In reference to the recruitment notice no. DH&FWS/NHM/2018/922, Dated 18.05.2018, the following candidate has been selected as **Sr. Medical Officer, WBSAP&CS, under District Public Health Wing** on purely contractual basis at a monthly remuneration of **Rs. 45000/- (Forty Five thousand consolidated)** only and posted in place as mentioned against his/ her respective name "Place of Posting".

Sl. NO.	Application Code	Name	Father's Name	Place of Posting
1.	SMO-001	Tuhina Parveen Sarwala	Sheikh Rupkar Ali	District Public Health Wing (WBSAP&CS), CMOH, North 24 Parganas.

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

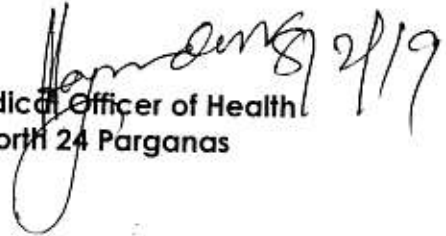
- 1). The order of engagement will take effect from the date he/she joins the position.
- 2). The period of contact will automatically be terminated after expiry of 31.03.2019.
- 3). If the incumbent proposes to cease his/her work without covering 1 month's notice period, his/her remuneration will be deducted accordingly.
- 4). The period of contract may be extended further subject to approval of the position in the next financial year and satisfactory performance of the personal.
- 5). The service may also be terminated by one month's from either side.
- 6). The candidate is directed to report for joining for the position to the CMOH, North 24 Parganas. After joining the candidates must report to the Dy. CMOH- II, North 24 Parganas.
- 7). The candidate should join within 20.02.19
- 8). The candidate failing to report to designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
- 9). No TA/DA is admissible for joining.
- 10). The candidate is instructed to bring three copies of joining letter and ID proof on the date of Joining at the office of the CMOH, North 24 Parganas, 1st Floor NTS, Barasat.
- 11). The Candidates has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS) in the enclosed proforma attached herewith (Annexure-B).


Chief Medical Officer of Health
North 24 Parganas

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Copy forwarded for information & necessary action please to the:

1. District Magistrate, N-24PGs
2. Project Director, WBSAP&CS, Govt. of West Bengal, Swasthya Bhawan, Kolkata-91
3. Additional Mission Director, FW & Secretary to the Govt. of West Bengal
4. Jt. Director CST Division, WBSAP&CS, Govt., of West Bengal, Swasthya Bhawan, Kolkata-91
5. OC (Health), N-24PGs
6. Dy. CMOH-II, N-24PGs
7. Superintendent, DH, Barasat, N24PGs
8. Accounts Officer, CMOH Office, N-24PGs
9. DPMU, N-24PGs
10. Tuhina Parveen Sarwala, 22/5/2, Banamalipur East, Barasat, Kolkata - 700124
11. Office Copy


Chief Medical Officer of Health
North 24 Parganas

**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. Sri/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. Hemia (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