



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/3542

Dated: 28.09.2020

Engagement Notice
(Appointment Letter)

In pursuance of the Recruitment Notice vide memo no. DHFWS/RPH/DPMU/3119 dated 16.12.2019, the following candidate has been selected from the Panel List for the post of Staff Nurse under NUHM to be posted at UPHC-I under Rampurhat Health District on contractual basis.

| Sl. No. | Name of the Candidate | Address | Category | Monthly Remuneration (Rs) |
|---------|-----------------------|---|----------------|---------------------------|
| I | Chandni Mal | C/O. Bikash Chandra Ma, Vill.- Shergram, PO-Kogram, Dist.-Birbhum, Pin-731220 | SC Category | 17,220.00 |

The above mentioned candidate is hereby selected on the basis of the programme guideline and to be engaged as per the terms and conditions mentioned below –

- The order of engagement will effect from the date he/she joins the post at CMOH Office, Rampurhat Health District.
- This engagement will purely on contract basis and will automatically be terminated after expiry of 31.03.2021.
- The period of contract **may be extended** subject to approval of the position in the next financial year and on the basis of satisfactory performance.
- The service may also be terminated by one month's notice from either side. If the incumbent propose to cease his/her work without covering one month notice period, his/her remuneration will be deducted accordingly or he/she must refund his/her one month's remuneration.
- The payment of remuneration will made from the respect programme fund.
- The candidate is requested to report for joining at the **office of the CMOH, Rampurhat Health District within 29/09/2020** from the date of issuance of this Engagement Notice .
- The candidate is 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 candidate should bring one **non-judicial stamp paper** worth Rs.10/- for execution of contract agreement.
- The candidate failing to report to the office within the stipulated period may not be allowed to join the post later and his/her selection of engagement stands cancelled after the stipulated period.


Chief Medical Officer of Health
Rampurhat HD

Dated: 28.09.2020

Memo No. DHFWS/RPH/DPMU/3542/1(25)

Copy forwarded for information to:-

- Hon'ble Dr. Asish Banerjee, MIC, & Chairman of Selection Committee, DH & FWS, Rampurhat HD
- The Sabhadhipati, Birbhum Zilla Parishad
- The Director of Health Services, Swasthya Bhawan, Salt Lake, Kolkata




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4. The Mission Director, NHM , Swasthya Bhawan, Salt Lake, Kolkata
5. The AMD (NHM), Swasthya Bhawan, Salt Lake, Kolkata
6. The Executive Director, WBSH&FWS, Swasthya Bhawan, Salt Lake, Kolkata
7. The PO-I, NHM, Swasthya Bhawan, Salt Lake, Kolkata
8. The Jt. DHS(FW) & SFWO, Swasthya Bhawan, Salt Lake, Kolkata
9. The State Nodal Officer, NUHM, Swasthya Bhawan, Salt Lake, Kolkata.
10. The Addl. District Magistrate (Gen), Birbhum
11. The Swasthya Karmadkshya, Birbhum Zilla Parishad
12. The SDO, Rampurhat Sub Division.
13. The Chairman, Rampurhat Municipality
- 14-18. The Dy.CMOH-I/Dy.CMOH-II/III/ACMOH/DPHNO, Rampurhat HD
19. The HR Cell, State Health & Family Welfare Samity, Swasthya Bhawan, Salt Lake, Kolkata
20. The A.O. & Member Treasurer, DH& FWS, Rampurhat HD
- 21-22. The DPC/AM, Rampurhat HD
23. The DIO, NIC – with the request to publish this Engagement Notice in the official webpage of Birbhum
24. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhawan, Salt Lake, Kolkata – with requested to publish Engagement Notice in the wbhealth.gov.in website.
25. Guard File.


Chief Medical Officer of Health
Rampurhat HD



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