



Government of West Bengal  
Health & Family Welfare Department  
National Health Mission  
GN-29, 4th Floor, Swasthya Sathi Building, Swasthya Bhawan Premises,  
Sector - V, Salt-Lake, Kolkata - 700 091

No: HFW/NHM-167/2020/ 2138

Date: 13.11.2020

**ORDER**

In reference to the Advt No 203 dated 15.04.2020, the following candidate is hereby engaged for the position of "District Epidemiologist" under NHM on temporary basis. They will get a monthly allowance of ₹36,220/- (Rupees thirty six thousand and two hundred and twenty) only. They will be posted in places as mentioned against their respective names in the column "Place of posting".

Sl.	Name	Guardian's Name	DOB	Address	Place of posting
1	Dr. Soumya Banerjee	Subrata Banerjee	27-10-1982	175/L/1, Sarin Sen Sarani, Maniktala Main Road, PO: Kankurgachhi, Kolkata, Pin: 700054	Jalpaiguri
2	Sudipta Biswas	Paritosh Biswas	06-07-1992	Vill-North Khagrabari, PS-Panduui Bari, Dist-Coochbehar, PO-Khagrabari, Pin-736179	Kalimpong
3	Dr. Santanu Das	Sahadeb Das	19-10-1983	Vill: Donga Ghata, Makardah, PS: Domjur, PO: Makardah, Howrah, Pin: 711409	Nadia
4	Dr. Arun Guha	Pankaj Kr Guha	19-01-1981	10/5, Harshabardhan Road, A-Zone, Durgapur, Po: A-Zone Durgapur, Paschim Bardhaman, Pin: 713204	Bankura
5	Abhijit Sarkar	Anil Kr. Sarkar	02-09-1984	Chakvrigu School para, P.O: Chakvrigu, Dakshin Dinajpur, Pin: 733102	Bishnupur Health District

The above mentioned 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 post.
- 2) **The period of contract will automatically get terminated at the end of the current financial year i.e. 31.03.2021.**
- 3) If the candidate proposes to cease his/her work without covering 01 month's notice period, his monthly allowance will be deducted accordingly.
- 4) The service may also be terminated by one month's notice from either side.
- 5) **The candidate is directed to report for joining in the post at the office of the Chief Medical Officer of Health in respective district (place of posting) with engagement order, photo identity proof, original testimonials of essential qualification, higher qualification(if any) and Medical Fitness Certificate (format enclosed) issued by any registered M.B.B.S. practitioner. Failing to produce the required testimonials may result in cancellation of the engagement.**
- 6) **As the engagement is for COVID-19 emergency health duty, criteria for Joining is given below:**
  - a) The candidate should **join within 27th-Nov-2020.**
  - b) The candidate failing to report to their designated place of posting **within stipulated period**, may not be allowed to join later and **his/her engagement is liable to be cancelled.**
  - c) In case any candidate is **unwilling to join the post, he/she may intimate this office** through an official mail to **hrcell.samiti@gmail.com** from his mail Id (same mail Id mentioned in application form). The intimation will be treated as refusal to join the post and the next candidate in the panel will be engaged accordingly.
- 7) Payment of monthly allowance will be made from NHM fund (FMR Code: 16.4.2.2.2 ).

(Dr. Saumitra Mohan, IAS)  
Mission Director, NHM &  
Secretary, H & FW Department  
Govt. of West Bengal

No: HFW/NHM-167/2020/ 2138 /1(12)

Date: 13.11.2020

Copy forwarded for information and necessary action to:

- 1) Director of Health Service, Health & Family Welfare Department
- 2) Financial Advisor, WBSH&FWS
- 3) Programme Officer- I NHM, Health & Family Welfare Department
- 4) DDHS (PH & CD), Health & Family Welfare Department
- 5-9) CMOH Kalimpong / Jalpaiguri / Bankura / Bishnupur / Nadia District or Health District, with the request to send the joining report immediately to SPMU for maintenance of HR database.
- 10) Sr. Accounts Officer, NHM, Health & Family Welfare Department
- 11) HR Cell, Swasthya Sathi Building, Swasthya Bhawan.
- 12) Office Copy.



(Dr. Saumitra Mohan, IAS)  
Mission Director, NHM &  
Secretary, H & FW Department  
Govt. of West Bengal

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. Hernia (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 an account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :

(Seal)

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Signature of Candidate

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Attested