



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/ 2139

Date: 13.11.2020

ORDER

In reference to the Advt No 203 dated 15.04.2020, the following candidates are hereby engaged for the position of "District Microbiologist" under NHM on temporary basis. They will get a monthly allowance of ₹35,000/- (Rupees thirty five thousand) 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	Suyash Srivastava	Jyotima Srivastava	07-11-1994	Zolo Rose, M-43, M Block, Sector-66, Dist+PO-Noida (U.P.), Pin-201301	Nadia
2	Sohan Sengupta	Sanjib Sengupta	24-12-1986	Maruti plaza, 4th Floor, Flat no-6, 101, Dum Dum road, District – North 24 Parganas, PO: Motijhil, PIN: 700074	Birbhum

The above mentioned candidates are 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/her monthly allowance will be deducted accordingly.
- 4) The service may also be terminated by one month's notice from either side.
- 5) The candidates are directed to report for joining in the post at the office of the Chief Medical Officer of Health in their respective district (place of posting) mentioned against their names 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) Any 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 / her 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: 8.1.13.4).

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

No: HFW/NHM-167/2020/ 2139 /1(9)

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
- 5-6) CMOH (Birbhum / Nadia) District, with the request to send the joining report immediately to SPMU for maintenance of HR database.
- 7) Sr. Accounts Officer, NHM, Health & Family Welfare Department
- 8) HR Cell, Swasthya Sathi Building, Swasthya Bhawan
- 9) 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)

Signature of Candidate

Attested