



**Government of West Bengal**  
**Office of The Chief Medical Officer of Health**  
**District Health & Family Welfare Samity**

**National Urban Health Mission/ National Health Mission**  
New Administrative Building; DRS Compound, Burrabazar, Chinsurah, Hooghly-712101  
☎: (033) 2681-0383; E-mail: nuhm.hooghly@gmail.com



Memo No: DH&FWS/NUHM/8905

Date: 22.11.22

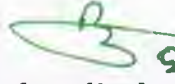
**ORDER**

In reference to the Recruitment Notice vide **Memo No. DHFWS/5191, Dated: 04.07.2022** and Order vide Memo No. **Memo No. DHFWS/7889, Dated: 29.09.2022**, following candidates (**Annexure-A**) have been provisionally selected from waiting panel for engagement against the post of 'Community Health Assistant Urban for UHWC under XV-FC' on purely contract basis with a consolidated monthly remuneration Rs. 13000.00/- (Thirteen Thousand Only). The candidates must bring all relevant original testimonials with one set of self attested photocopies of the same and one recent passport size colour photograph.

\*Revised entry point remuneration for new engagement (Memorandum No. HFW-27011/137/2020/1352, Dated 29.12.2020 from Executive Director, WBSH&FWS)

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

- i. The engagement is subject to the final outcome of the petition filed WPA (P) 335 of 2022 Pijus Patra Vs. The State of West Bengal.
- ii. The engagement is made purely on contract basis till 2025-2026 i.e. it will be co-terminus with the tenure of XV-Finance Commission Health Grant.
- iii. However, the contract period will be renewed every year based on satisfactorily performance of the candidate.
- iv. There will be no enhancement of remuneration during the tenure of his/her contract period.
- v. No transfer request will be entertained during the engagement period.
- vi. This engagement will take effect from the date he/she joins the position.
- vii. The service may also be terminated by one month's notice from either side.
- viii. If the incumbent proposes to give up his/her work without covering 1 (one) month's notice period, his/her remuneration will be deducted accordingly.
- ix. The Candidate has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of himself/herself at the time of joining the position.
- x. He/ She is hereby directed to report for joining in the designated position to the undersigned.
- xi. The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.

  
22.11.22  
Chief Medical Officer of Health  
Hooghly

Memo No: DH&FWS/NUHM/ 8905/1(1)

Date: 22.11.22

Copy forwarded for information and necessary action to:

- i. Sri Dilip Yadav, Honorable Chairperson, District Level Selection Committee, Hooghly

  
22.11.22  
Dy. Chief Medical Officer of Health-I  
Hooghly

**Memo No:** DH&FWS/NUHM/ 8905/2(10)

**Date:** 22.11.22

Copy forwarded for information and necessary action to:

- i. Mission Director (NHM), Health & Family Welfare Department, Swasthya Bhawan, Kolkata
- ii. Director of Health Service, Health & Family Welfare Department, Swasthya Bhawan, Kolkata
- iii. District Magistrate, Hooghly
- iv. Additional District Magistrate (Development & in-charge-of Health), Hooghly
- v. Programme Officer- I/II, NHM, Swasthya Bhawan, Kolkata
- vi. State Nodal Officer NUHM, Swasthya Bhawan, Kolkata
- vii. Dy. CMOH I/II/III, DMCHO, ZLO, DTO, AO, DPHNO, Hooghly
- viii. SPMU, NUHM, Swasthya Bhawan, Kolkata
- ix. HR Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata
- x. Office Copy, Hooghly

  
09-11-22  
**Dy. Chief Medical Officer of Health-I**  
**Hooghly**

## Selected Candidate for the post of Community Health Assistant Urban for UHWC XV-FC under XV-FC

SL. No.	Appl. ID	Name	DOB	Caste	Permanent Address	Gender	Percentage of Marks GNM training course/ B.Sc. Nursing Course
<b>Unreserved (UR) Category</b>							
1	233345	Ms. PAYEL MALLICK	04-09-99	General	49 4/2/3 Padmapukur Bhimpur Road Tarakeswar Hooghly West Bengal 712410	Female	67.13
2	274582	Ms. RIKTA JANA	17-08-97	General	Bharamalpur Somserpur Tarakeswar Hooghly West Bengal 712410	Female	66.94
3	230413	Mr. MANAS MONDAL	05-07-99	General	Kamarpukur Goghat Hooghly West Bengal 712612	Male	66.50
4	231865	Ms. ESA ADHIKARI	02-11-99	General	Dongal Daharkundu Arambagh Hooghly West Bengal 712617	Female	66.44
5	236184	Ms. SUDIPTA BHATTACHARJEE	23-01-98	General	Vill- Hatbasantapur Arambagh Hooghly West Bengal 712413	Female	66.31
6	235023	Ms. MANGALA GHOSH	26-11-99	General	Vill- Khusiganj Arambagh To Badanganj Badanganj Goghat Hooghly West Bengal 712122	Female	65.94
7	264924	Ms. DIPTI SAMANTA	20-05-99	General	Shyamballavpur Radhaballavpur Goghat Hooghly West Bengal 712616	Female	65.38
8	266118	Ms. KARABI SASMAL	02-05-99	General	120 Sasmal Para Balipur Sasmal Para Balipur Khanakul Hooghly West Bengal 712401	Female	60.18

  
 09-11-22  
 Deputy Chief Medical Officer of Health-I  
 Hooghly

**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 on 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