



GOVT. OF WEST BENGAL  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY  
RAMPURHAT HEALTH DISTRICT  
E.mail: [cmohrampurhatd@gmail.com](mailto:cmohrampurhatd@gmail.com)  
Contact No: (03461) 256-102

Memo No. DHFWS/RPH/DPMU/ 2773

Dated: 17.10.2022.

**Engagement Notification**

As per approval of the District Level Selection Committee, District Health & Family Welfare Samiti, Rampurhat Health District in connection with the Recruitment Notice vide memo no. DHFWS/RPH/DPMU/1479 dt.13.06.2022, the following candidates from the approved panel are hereby engaged for the different positions under National Health purely on contract basis as mentioned in column no. 6 (six) with the monthly remuneration as mentioned in column no.8(eight) ;

Sl. No (1)	Name of the Candidate (2)	Guardian's Name (3)	Date of Birth (4)	Category of Post (5)	Name of the post (6)	Name of the Programme (7)	Monthly Remuneration (8)	Place of Posting (9)
1	DEBOTTAM PAL	DR. ABHAY CHARAN PAL	16-12-1994	UR	Medical Officer	AFHC	Rs.60,000.00	AFHC, Rampurhat HD
2	SUSHMITA	RAMANUJ KUMAR SINGH	06-04-1991	SC	Medical Officer	FRU	Rs.60,000.00	Rampurhat HD
3	TANMOY SAHA	TAPAN KUMAR SAHA	10-09-1996	UR	Medical Officer	FRU	Rs.60,000.00	Rampurhat HD
4	TAPATI BISWAS	KHAGENDRA NATH BISWAS	09-06-1991	UR	Medical Officer	FRU	Rs.60,000.00	Rampurhat HD
5	SUMAIYA AZIZA	BASIRUDDIN	17-02-1996	OBC-A	Medical Officer	FRU	Rs.60,000.00	Rampurhat HD

The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- The order of engagement will take effect from the date he/she joins the post at CMOH Office, Rampurhat HD.
- This period of contract of engagement will automatically be terminated at the end of the current financial year i.e. 31.03.2023.
- The period of contract may be renewed subject to approval of the position in the next financial year and on the basis of satisfactory performance of the incumbent.
- The service may also be terminated by one month's notice from either side. If the incumbent proposes to give up his/her work without covering 01 (one) month's notice period, his/her remuneration will be deducted accordingly.
- The payment of remuneration will be made from the respective programme fund under NHM and the incumbent will not be entitled for any incremental benefits for next 03 (three) consecutive financial years since their joining.
- The candidates are directed to report for joining for the position at the O/O. The Member Secretary cum CMOH, Rampurhat HD **within 01<sup>st</sup> November, 2022** from the date of issuance of this notification .
- The candidates are 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.



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- viii. The candidates should bring downloaded engagement notification, Photo Identity Proof (*Voter card/ Aadhar card/ Driving License/ Passport*) along with one **non-judicial stamp paper worth Rs.10/-** for execution of contract agreement during their joining.
- ix. Any person failing to report to the office of the undersigned **within the stipulated period**, will not be allowed to join the post later and his/her selection of engagement stands cancelled after that period.

Member Secretary

District Health & Family Welfare Samiti  
Rampurhat Health District, Birbhum

Dated: 17.10.2022.

Memo No. DHFWS/RPH/DPMU/ 2773/1(8)  
Copy forwarded for information to:-

6. Dr. Asish Banerjee, Hon'ble Deputy Speaker, West Bengal Legislative Assembly & Chairperson of 'District Selection Committee', Rampurhat HD.
7. The District Magistrate, Birbhum
8. The MSVP, Rampurhat Govt. Medical College & Hospital

Member Secretary

District Health & Family Welfare Samiti  
Rampurhat Health District, Birbhum

Dated: 17.10.2022.

Memo No. DHFWS/RPH/DPMU/ 2773/2(16).  
Copy forwarded for information to:-

9. The Director of Health Services, Swasthya Bhavan, Kolkata-91
10. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
11. The PO-I, NHM, Swasthya Bhavan, Kolkata-91
9. The HR Cell, State Health & Family Welfare Samity, Kolkata -91
10. The Dy.CMOH-I/II/III/DMCHO/DTO/ACMOH/DPHNO, Rampurhat HD
12. The Accounts Officer, Rampurhat HD
13. The DPM, Rampurhat HD
14. The DAM/AM/Co-ordinator (F & L), Rampurhat HD
15. The IT Specialist, Dept. of Health and Family Welfare, Swasthya Bhavan, Kolkata-91 – with request to publish this notification in the official website of Swasthya Bhawan i.e. [www.wbhealth.gov.in](http://www.wbhealth.gov.in)
16. Office copy.

Member Secretary

District Health & Family Welfare Samiti  
Rampurhat Health District, Birbhum

**MEDICAL CERTIFICATE IN CASE OF APPOINTMENT OF CANDIDATE**  
UNDER  
DISTRICT HEALTH & FAMILY WELFARE SAMITI, RAMPURHAT HEALTH DISTRICT, BIRBHUM

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Name of the candidate in full :  
( In block letter)

Height ( Without Shoe) : Cm

Weight : Kg

“ I hereby certify that I have examined Sri /Smt .....  
a candidate for employment in the District Health & Family Welfare Samiti, Rampurhat HD and can't  
discover that Sri /Smt. .... has  
any disease ( communicable or otherwise) constitutional weakness or bodily infirmity, except.....  
.....

I do not consider this is a disqualification for employment in the office of the District Samiti. Sri/Smt  
.....'s age is according to his own statement is .....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) :

**MEDICAL CERTIFICATE IN CASE OF APPOINTMENT OF CANDIDATE**  
UNDER  
DISTRICT HEALTH & FAMILY WELFARE SAMITI, RAMPURHAT HEALTH DISTRICT, BIRBHUM

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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