



Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat



Memo No. DH & FWS/NHM/2017/ 1995

Dated: 2.11.2017

ORDER

In reference to the recruitment notification no. DH&FWS/NHM/2016/1703, dated 07.12.16 and DH&FWS/NHM/2016/1769 & 1770, dated 19.12.16 and in continuation of previous engagement order vide memo no. DH&FWS/NHM/2017/1329 dated 27.06.17, the following candidates are hereby selected for Blood Bank in different Hospitals under NHM, Department of Health & Family Welfare, North 24 Parganas, on purely contract basis for a period upto 31.03.18 on a consolidated monthly remuneration mentioned hereunder-

3rd List

Sl. No	Applica tion ID	Name of the candidate	Category	Father's / Guardian's Name	Place of posting	Monthly consolidated remuneration
Name of the Post : Lab Technician						
1	LTB-064	ABANTI DUTTA	UR	ACHINTYA DUTTA	College of Medicine & Sagore Dutta Hospital	Rs. 17,220/-
Name of the Post : Technical Supervisor						
3	TSB-03	SK MAHIBUL ISLAM	UR	SK SHAMSUDDIN	College of Medicine & Sagore Dutta Hospital	Rs. 17,220/-

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 at office of the CMOH, North 24 Parganas.
2. This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2018.
3. The period of contract may be extended further on basis of satisfactory performance.
4. The service may also be terminated by one month's notice from either side.
5. The candidates are directed to report for joining to the stated post at the office of the Chief medical Officer of Health, North 24 Parganas, within 10(Ten) days from the date of issuance of this order, along-with their **Photo identity proof (PAN Card/Voter ID/Aadhar Card, any one) and Medical Fitness certificate** (Medical certificate format of WBSH&FW attached herewith) issued by the registered M.B.B.S practitioner (attached herewith).
6. Any candidate failing to report to office of the undersigned within stipulated period, may not be allowed to join later and his/her engagement order stands cancelled after that period.
7. No T.A/D.A is admissible for joining.

Secretary,
District Health & Family Welfare Samiti
& Chief Medical Officer of Health,
North 24 Parganas

24/11/17

Dated: 2.11.2017

Copy forwarded for necessary information to:

- 1) The Hon'ble Chairperson, DLSC, DH & FW, North 24 Parganas
- 2) The Director of Health Services, Govt. of W.B., Swasthya Bhawan
- 3) The Commissioner(FW) & Mission Director, NHM, Govt. of W.B., Swasthya Bhawan
- 4) The Executive Director, SH & FWS, Govt. of W.B., Swasthya Bhawan
- 5) The District Magistrate, North 24 Parganas
- 6) The Programme Officer, NHM, Govt. of W.B., Swasthya Bhawan
- 7) The ADM(Health), North 24 Parganas
- 8) The Jt. Director & SFWO, SH & FWB, Govt. of W.B., Swasthya Bhawan
- 9) The DDHS(Admin), Govt. of W.B., Swasthya Bhawan
- 10) The DDHS(Blood Safety), Govt. of W.B., Swasthya Bhawan
- 11) The MSVP, College of Medicine & Sagore Dutta Hospital, North 24 Parganas
- 12) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 13) The Dy.CMOH-I/II/III/DMCHO/ZLO/DTO, North 24 Parganas.
- 14) The ACMOH(all sub-divisions), North 24 Parganas
- 15) HR Cell, Govt. of W.B., Swasthya Bhawan
- 16) The District Informatics Officer, O/o the DM, North 24 Parganas, **with request to upload this ORDER in official website of North 24 Parganas District.**
- 17) The System Coordinator, Swasthya Bhawan, Govt. of W.B., **with request to upload this ORDER in official website of Health Department, W.B.**
- 18) The District Programme Co-ordinator, NHM, North 24 Parganas
- 19) The DPMU/IDSP North 24 Parganas
- 20) **Enlisted candidates being informed.**
- 21) Guard File

Secretary,

District Health & Family Welfare Samiti
& Chief Medical Officer of Health,
North 24 Parganas

**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)

Signature of Candidate

Attested