



**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/2017/1994

Dated: 2.11.2017

**ORDER**

In reference to the recruitment notification no. DH&FWS/NHM/2016/30, dated 14.01.16, DH&FWS/NHM/2016/1529, dated 02.11.16 and in continuation to previous engagement order vide memo no. DH&FWS/NHM/2017/1858 dated 09.10.17 the following candidates are hereby selected for RNTCP (Revised National Tuberculosis Control Programme) 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 against the post hereunder-

**2<sup>nd</sup> List**

Sl. No	Application ID	Name of the candidate	Category	Father's / Guardian's Name	Place of posting	Monthly consolidated remuneration
<b>Name of the Post : PPM coordinator</b>						
1	PPM-006	NIRMALYA DAS	UR	SRI HARALAL DAS	DTC Office, Barasat, North 24 Parganas	Rs. 19,000/-
2	PPM-028	DIPANKAR HALDER	SC	SRI DIJABAR HALDER	DTC Office, Barasat, North 24 Parganas	Rs. 19,000/-
<b>Name of the Post : DR TB Counsellor</b>						
3	DRTB-009	PRIYANKA MAJUMDER	UR	LATE GOUTAM MAJUMDER	DRTB Center, R.G.Kar Medical College & Hospital, North 24 Parganas	Rs. 10,000/-

**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 (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

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 STO, DH&FW, Govt. of W.B., Swasthya Bhawan
- 10) The MSVP, R.G.Kar Medical College & Hospital, North 24 Parganas
- 11) The Officer-in-charge(Health), O/o the DM, North 24 Parganas
- 12) The Dy. CMOH- I/II/III/DMCHO/ZLO, DH&FW, North 24 Parganas.
- 13) The DTO, DH&FW, North 24 Parganas
- 14) The MO-DTC, Barasat, North 24 Parganas
- 15) The ACMOHs (all sub-divisions), North 24 Parganas
- 16) The Accounts Officer, O/o the CMOH, North 24 Parganas
- 17) The HR Cell, Govt. of W.B., Swasthya Bhawan
- 18) 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**
- 19) The System Coordinator, Swasthya Bhawan, Govt. of W.B., **with request to upload this ORDER in official website of Health Department, W.B.**
- 20) The District Programme Co-ordinator, NHM, North 24 Parganas
- 21) The DPMU/IDSP North 24 Parganas
- 22) **Enlisted candidates are being informed accordingly**
- 23) Office copy.

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