



GOVT. OF WEST BENGAL  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
& SECRETARY, DISTRICT HEALTH & FAMILY WELFARE SAMITY  
NATIONAL HEALTH MISSION, BIRBHUM  
TEL/FAX : 03462-257566, 255216  
Email- cmohbirbhumb@gmail.com

Memo.no. DHFWS/ 1279.

Dated: 20/06/2017

**NOTIFICATION**  
**(Offer letter)**

In reference to office memo. vide no.877/s, dated 25.05.2017 issued by SDO, Sadar the following candidates have been selected for the post of **Block ASHA Facilitator (BAF)**, the selected candidates will be posted at the vacant BPHC after counseling on the basis of merit on 03.07.2017 at 11 am.

Sl.no	Roll No.	Name of the selected candidate	Category
1	BAF/SUR/08	SAMBHU MURMU	ST
2	BAF/SIR/01	RAHILA KHATUN	OBC (A)

Candidates are hereby requested to attend **CMOH Office on 03.07.2017 at 11 am for counselling and final posting** along with all original Certificates & one Non Judicial Stamp paper worth Rs. 10/- for execution a bond **failing of which the candidature will be treated as cancelled**. Medical examination Certificate from MBBS/higher doctor (as per annexed ) should be submitted at the time of joining to the undersigned. The period of contract will automatically be terminated after expiry of **31.03.2018**, which may be extended further on the basis of performance. The service may also be terminated by one month's notice from either side.

Enclosed: Medical certificate

*Handwritten signature and date: 20/06/17*  
Chief Medical Officer of Health

Memo.no. DHFWS/ 1279/1 (9)  
Copy forwarded for information and necessary action to:-

Birbhumb  
Dated: 20/06/2017

1. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
2. The District Magistrate, Birbhumb
3. The HR Cell, Swasthya Bhavan, Kolkata-91
4. The Dy. CMOH-III, Birbhumb
5. The SDO Suri, Birbhumb
6. The State ASHA Cell, Swasthya Bhavan, Kolkata -91
7. The DIO, NIC,- with the request to publish this notification in the official webpage of Birbhumb
8. Mr. Sourav Ghosh, IT Specialist , Swasthya Bhavan, Kolkata-91- with the request to publish this notification in the official web page
9. DPMU Birbhumb

*Handwritten signature and date: 20/06/2017*

*Handwritten signature and date: 20/06/17*  
Chief Medical Officer of Health  
Birbhumb

**Medical Certificate in case of appointment of candidates under  
District 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 Mr./Miss/Mrs..... a candidate for employment in the District Health & Family Welfare Samiti and can't discover that Mr./Miss/Mrs. .... has any disease, (communicable or otherwise) constitutional weakness or bodily infirmity except.....

I do not consider that this is a disqualification for employment in the office of District Samiti. Mr./Miss/Mrs. .... 's age is, according to his/her 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