



Government of West Bengal

Office of the Chief Medical Officer of Health Alipurduar
& District Health & Family Welfare Samiti, Alipurduar

Registration No: S/M/2347 of 2015-16

Matrisadan Building, 1st Floor, New Alipurduar, Ward No-XVI, Dist-Alipurduar, Pin: 736121

Tele:03564-257200, email:cmohapd@gmail.com

Memo. No:- DH&FWS/APD/ 129

Date 18/04/2022

ENGAGEMENT ORDER

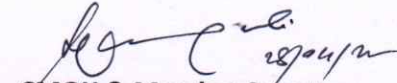
In reference of Memo no. DH&FWS/APD No.1242, dated: 07.01.2020 and DH&FWS/APD No.1512, dated: 08/02/2021 the following candidates are hereby engaged for the different positions under National Health Mission purely on contractual basis as mentioned below.

Sl. No.	Name of the selected candidates	Guardian's Name/Father Name	Address	Category of the post	Name of the post & Programme	Revised Designation	Posting	Consolidated Monthly Remuneration
1.	Poulami Basu	Pradip Kumar Basu	South Netaji Road, Ward no.16, PO+PS+Dist-Alipurduar, Pin-736121	UR	Social Worker (NRC)	Medical Social Worker	District Hospital, Alipurduar	18,000/-
2.	Ruma Barman	Sankar Barman	Vill-Dakshin Majherdabri, Po-Majherdabri, Ps-Samuktala, Dist-Alipurduar, Pin-736123	SC	Sahayika (NRC)	NRC Attendant	NRC, District Hospital Alipurduar	5000/-
3	Reshmi Baitha	Sri. Dilip Baitha	Vill- Hospital Road, Gate No.- 2, Ward No.13, P.O- Alipurduar, P.S- Alipurduar Dist.- Alipurduar Pin-736121	UR	Sahayika (NRC)	NRC Attendant	NRC, District Hospital Alipurduar	5000/-

The above mentioned candidates are hereby engaged as per terms & condition below:-

1. The Candidates are directed to report for joining for the position at CMOH Office, Alipurduar by 6th May, 2022 on any working day.
2. The order of engagement will take effect from the date he/she joins the post at CMOH Office, Alipurduar.
3. After joining at the Office of the CMOH, Alipurduar the candidates are to report to their respective place of posting within the next working days only (Except Holidays)
4. The engagements are purely on contractual basis and will automatically be terminated at the end of current financial year.
5. The period of contract may be renewed subject to approval of the appropriate authority in the next financial year and on the basis of satisfactory performance of the incumbent.

6. 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 for the month.
7. The payment of remuneration will made from the respective programme fund and as per existing norms.
8. The candidates are required to undergo a Medical Test from a registered Medical Practitioner as per the attached format and submit the same during his/her joining.
9. The candidates should bring engagement notification downloaded from the website www.wbhealth.gov.in along with Photo Identity proof (Voter Card/Aadhaar card/Passport) for the contract agreement during their joining.
10. 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 will stand cancelled after that period.
11. The panel will remain valid for one year from the date of approval.
12. No T.A/D.A is admissible for joining.

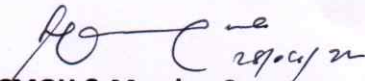

CMOH & Member Secretary
District Health & Family Welfare Samiti
Alipurduar District

Memo. No. DH&FWS/APD/129/1(3)

Dated: 28/04/2022

Copy forwarded for information to :-

1. The Chairman, District Level Selection Committee (Health), Alipurduar
2. The District Magistrate, Alipurduar
3. The DM& DC and Officer in Charge(Health), Alipurduar


CMOH & Member Secretary
District Health & Family Welfare Samiti
Alipurduar District

Memo. No. DH&FWS/APD/129/1(22)

Dated: 28/04/2022

Copy forwarded for information to:-

1. The Mission Director (NHM) & Executive Director, West Bengal Health & Family Welfare Samiti
2. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata-91
3. The Additional Mission Director NHM, Dept. of H&FWS, Govt. of WB
4. The PO-I, NHM & Dy. Secy. Dept of H&FWS, Govt. of WB
5. The PO-II, NHM & Dy. Secy. Dept of H&FWS, Govt. of WB
6. The SFWO, Dept of H&FWS, Govt. of WB
7. The DADHS(CH), Dept of H&FWS, Govt. of WB
8. The Director of Finance, NHM, West Bengal Health & Family Welfare Samiti
- 9-14. The Dy. CMOH-I / Dy. CMOH-II / Dy. CMOH-III / ZLO / DMCHO / DPHNO, Alipurduar
15. The Superintendent, District Hospital, Alipurduar
- 16-19. The ACMOH / DTO / The Superintendent Falakata SSH/Birpara SGH, Alipurduar,
20. The System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish the notice in the website www.wbhealth.gov.in
21. The DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with request to publish the notice in the website www.alipurduar.gov.in
22. Office Copy


CMOH & Member Secretary
District Health & Family Welfare Samiti
Alipurduar District

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 an account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner -

Name :

Degree :

Regn. No. :

(Seal)

Signature of Candidate

Attested