

DISTRICT HEALTH & FAMILY WELFARE SAMITI, JHARGRAM

Registration No. : S/M/1482 of 2014-15 dated 09.02.2015

Near Five Point Crossing, P.O.- Raghunathpur, Jhargram

Dist. - Jhargram, PIN: 721507

Phone (Member Secretary): (03221) 257575

E-mail: jhargramcmoh@gmail.com, & dpmu.jhd@gmail.com

Memo. No. : DH&FWS/JGM/2022/ 205.

Date : 01.11.2022

Engagement Order

In reference to the Govt. Order vide Memo. NO: HF/O/MERT/643/HFW-45023(13)/6/2021-CMOH(HFW) dated: 13.07.2021 and Recruitment Notice vide Memo. No: DH & FWS/JGM/2022/1368 dated: 20.07.2022 the following candidate is hereby engaged as MT Lab. Technician (RTPCR Lab.) on temporary basis for three (03) months (upto 31.01.2023) under RTPCR Laboratory, Jhargram Government Medical College & Hospital, Jhargram. The Candidate will abide by the Terms and condition of engagement on temporary basis as per existing Govt. Rules as laid down in the contract form, which will be executed by the concerned candidate before the undersigned.

Sl. No	Name of the candidate	Address	Posted as	Consolidated Monthly Remuneration (₹)	Place of posting
01.	Mr. Debabrata Mandal	C/o. Sri Ratan Ch. Mandal Vill: Dakshin Chanchiara, P.O.: Pratappur, P.S: Panskura, Purba Medinipur PIN: 721152	MT Lab. Tech.	₹ 17,000/-	RTPCR Laboratory, Jhargram Government Medical College & Hospital, Jhargram

The above selected candidate will report for joining to the Office of the undersigned within 11th November, 2022 with downloaded engagement order, one Non Judicial Stamp Paper worth Rs. 10/- (Ten) only with one blank demy paper, Photo ID & Address proof of himself and Medical Fitness certificate (enclosed herewith) issued by the registered M.B.B.S. Practitioners and one passport size photo .

Failing to report to the office of the undersigned within stipulated period will not allowed to join later and his engagement stands cancelled after that period.

No T.A/D.A. is admissible for joining.


01.11.2022
Member Secretary, DH&FWS &
Chief Medical Officer of Health
Jhargram

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Date : 01.11.2022

Copy forwarded to the following for information & taking necessary action :

- 1) The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
- 2) The M.D, NHM, Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
- 3) The Addl. M.D, NHM, Govt. of West Bengal, Swasthya Bhawan, Kolkata – 91
- 4) The District Magistrate, Jhargram
- 5) The MSVP, Jhargram Government Medical College & Hospital, Jhargram
- 6) The Chairman, Dist. Level Selection Committee (Health), Jhargram
- 7) The Programme Officer-I, NHM, Swasthya Bhawan, Kolkata – 91
- 8) The Dy. CMOH – I/II/III/DMCHO/DPHNO, Jhargram
- 9) The Additional Superintendent, Jhargram Government Medical College & Hospital, Jhargram
- 10) The ACMOH, Jhargram
- 11) The DTO, Jhargram
- 12) The Superintendent, Gopiballavpur M/SSH & Nayagram M/SSH, Jhargram
- 13) The Treasurer, District Health & FW Samity, CMOH Office, Jhargram
- 14) HR Cell, Swasthya Bhawan, Kolkata – 91
- 15) IT Cell, Swasthya Bhawan, Kolkata – 91 with a request for web. posting
- 16) The DPMU, CMOH Office, Jhargram.
- 17) Office Copy


01.11.2022

Member Secretary, DH&FWS &
Chief Medical Officer of Health
Jhargram

**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