

Government of West Bengal
Department of Health and Family Welfare
Swasthya Bhawan, GN 29, Sector V,
Salt Lake, Kolkata -700091

Memo. No. HAD/12M-01-2023/A 282

Dated, Kolkata, 5th January, 2023

ORDER

To

The Chief Medical Officer of Health (all Districts including Health Districts)

Subject: The Service particulars of Additional Medical Officers posted
under the jurisdiction of respective district

In connection with the subject matter stated above, it is to inform you that in order to examine the cadre and other service related issues of Additional Medical Officers employed under Department of Health & Family Welfare throughout the state, a detailed service particulars of all Additional Medical Officers are urgently required.

Hence you are requested to submit the service particulars of all Additional Medical Officers posted in different health facilities under your jurisdiction in a prescribed format which is annexed with this letter by 20th January 2023 through email (js.ma.wbhealth@gmail.com, ddadmnwb@gmail.com, dadhs.pe@gmail.com) or through special messenger by hand to Dr. Subhabrata Das (DADHS P&E), Swasthya Bhawan



Director of Health Services
West Bengal

Memo. No. HAD/12M-01-2023/A 282/1(G)

Dated, Kolkata, 5th January, 2022

Copy forwarded for information and necessary action to:

1. The Additional Director (Personnel), West Bengal,
2. The Joint Secretary MA, Govt. of West Bengal
3. The ADHS (P&E), West Bengal,
4. The DADHS (P&E), West Bengal,
5. The HRMS cell, West Bengal
6. The System Co-ordinator, IT Cell with request for posting of a copy of this order in departmental Website


4/1/23
DDHS (Admin)
West Bengal

SERVICE PARTICULARS OF ADDITIONAL MEDICAL OFFICERS

ANNEXURE

Name of District:

Sl No	Name of the Additional MO	Employee ID	Date of Birth (DD/MM/YYYY)	Date of joining in service (DD/MM/YYYY)	Date of joining as Additional MO (DD/MM/YY)	Contact No.	Present place of posting		Date of joining at present place of posting (DD/MM/YY)	Head of the Office (HOO) Code under IFMS
							Name of the facility	Name of the district		

Signature of the CMOH with seal