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.

<table>
<thead>
<tr>
<th>Sl.no</th>
<th>Roll No.</th>
<th>Name of the selected candidate</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BAF/SUR/08</td>
<td>SAMBHU MURMU</td>
<td>ST</td>
</tr>
<tr>
<td>2</td>
<td>BAF/SIR/01</td>
<td>RAHILA KHATUN</td>
<td>OBC (A)</td>
</tr>
</tbody>
</table>

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

Chief Medical Officer of Health
Birbhum
Dated: 20/06/2017

Copy forwarded for information and necessary action to:-

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

Chief Medical Officer of Health
Birbhum
Dated: 20/06/2017
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  

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