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- cmohbirbhum@gmail.com

Memo.no. DHFWS/J-20/1698

Dated: 16.07.2018

NOTIFICATION
(Appointment Letter)

In reference to the recruitment notice vide no. DHFWS/J-20-2018/746 dated 29.03.2018 and DHFWS/J-20-2018/745 dated 29.03.2018, the following candidates are hereby selected for the post mentioned herein under National Health Mission on contractual basis. Name of post, place of posting, monthly remuneration, category are as shown against their respective names in the column.

<table>
<thead>
<tr>
<th>Ref. No</th>
<th>Name of the candidate</th>
<th>Name of guardian</th>
<th>Category</th>
<th>Name of the post</th>
<th>Name of the programme</th>
<th>Monthly Remuneration</th>
<th>Place of posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFLO /04</td>
<td>Deboduti Bandyopadhyay</td>
<td>Tapan Kumar Bandyopadhyay</td>
<td>Gen</td>
<td>District Finance</td>
<td>NPCDCS</td>
<td>Rs. 22700.00</td>
<td>District HQ</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>cum Logistic Officer</td>
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<tr>
<td>T.S.</td>
<td>Deep Das</td>
<td>Arun Kumar Das</td>
<td>GEN</td>
<td>Technician Supervisor</td>
<td>NHM-Blood Bank</td>
<td>Rs. 17220.00</td>
<td>Suri SSH (Blood Bank)</td>
</tr>
<tr>
<td>B.B-14</td>
<td></td>
<td></td>
<td></td>
<td>Blood bank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Den. Asst</td>
<td>SYED ATAUR REHMAN</td>
<td>SYED REGANUR REHMAN</td>
<td>GEN</td>
<td>Dental Assistant</td>
<td>NOHP</td>
<td>Rs. 8000.00</td>
<td>SURI SSH</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
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</tbody>
</table>

The above mentioned candidates are hereby selected on the basis of guideline and to be engaged as per the terms & condition mentioned below:-

1. The order of engagement will take effect from the date he/she joins the post at CMOH office.
2. This engagement is purely on contract basis and will automatically be terminated after expiry of 31.03.2019.
3. The period of contract may be extended subject to approval of the position in the next financial year and satisfactory performance.
4. The service may also be terminated by one month's notice from either side.
5. If the incumbent propose to cease their work without covering 1 month's notice period, their remuneration will be deducted accordingly.
6. Payment of remuneration will be made from respect programme fund.
7. The candidates are requested to report for joining at the office of the Chief Medical Officer of Heath, SURI, BIRBHUM on or before 07 days from the date of issuance of this notification.
8. Candidates should produce all original documents (education and experience) for final verification, photo identity proof, caste Certificate, Medical fitness certificate (enclosed herewith) issued by the registered MBBS practitioner.
9. Candidates should bring one non-judicial stamp paper worth Rs. 10/- for execution of contract paper.
10. Any person failing to report to the office within stipulated period, may not be allowed to join to join later and his/her selection for engagement stands cancelled after the stipulated period.

Chief Medical Officer of Health
Birbhum

DPC/Recruitment/appointment and joining from 10.07.2018

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GOVT. OF WEST BENGAL
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Memo.no. DHFWS/J-20/1698/1(26)
Memo. no. DHFWS/J-20/1698/1(26)

Copy forwarded for information and necessary action to:

1. The Director of Health Services, Govt. of West Bengal, Kolkata
2. The Mission Director, NHM, Swasthya Bhavan, Kolkata-91
3. The Addl. Mission Director, NHM, Swasthya Bhavan, Kolkata-91
4. The Director of Finance, State FMG, Swasthya Bhavan, Kolkata
5. The Jt. DHS (NCD), Swasthya Bhavan, Kolkata
6. The PO, NHM, Swasthya Bhavan, Kolkata
7. The SFWO, Swasthya Bhavan, Kolkata
8. The ADHS (Dental Health), Swasthya Bhavan, Kolkata
9. The District Magistrate, Birbhum
10. The ADM (Gen), Birbhum
11. The CMOH Rampurhat HD
12. The HR Cell, Swasthya Bhavan, Kolkata-91
13. The HR Manager, WBSACS, Swasthya Bhavan, Kolkata
14. Ms. Madhulina Sur, WBSACS, Swasthya Bhavan, Kolkata
15. The SPMU cell of NHM, Swasthya Bhavan, Kolkata
16. The State NPCDCS cell, Swasthya Bhavan, Kolkata
17. The State NPCF cell Swasthya Bhavan, Kolkata
18. The Dy. CMOH-I/II/III/ZLO/DTO/DPHNO/ACMOH Sadar & Balpur Birbhum
19. The Superintendent Suri SSH,
20. The DIO, NIC.- with the request to publish this notification in the official webpage of Birbhum
21. IT Cell, Swasthya Bhavan, Kolkata-91- with the request to publish this notification in the official web page
22. The DPC, DAM, DSM, DPS, DPMU, Birbhum
23. The District NCD cell
24. Deboditya Bandyopadhyay
25. Deep Das
26. SYED ATAUR RAHAMAN

Dated: 02.07.2018

Chief Medical Officer of Health
Birbhum
Medical Certificate in case of appointment of candidates under District Health & Family Welfare Samiti, BIRBHUM

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 District 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”.

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. Hydrocele (present or absent) :
L. Urine. 1) 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 (with seal):

..............................................................
Signature of Candidate

..............................................................
Attested