



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/ 1699

Dated: 16.07.2018


NOTIFICATION
(Appointment Letter)

In reference to the recruitment notice vide no. **DHFWS/DPMU/1207 dated 07.06.2017**, the following candidates are hereby selected for the post mentioned herein under HIV/AIDS Control Programme on contractual basis. Name of post, place of posting, monthly remuneration, category are as shown against their respective names in the column.

Ref. No	Name of the candidate	Nam of guardian	Categoroy	Name of the post	Name of the progamme	Monthly Remunerati on	Place of posting
ICTC/CS/43	Mainak Roy	Girish Chandra Roy	GEN	ICTC Counselor	HIV/AIDS control Prog	Rs. 13000.00	Labpur RH (ICTC)
ICTC/LT/35	Kumud Ranjan Guin	LT. BIBHUTI BHUSAN GUIN	GEN (OBC-B)	ICTC Laboratory Technician	HIV/AIDS control Progame	Rs. 13000.00	Md. Bazar ICTC

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 Health, SURI, BIRBHUM on or before 7 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. 50/- 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



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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 Project Director, WBSACPS, Swasthya Bhavan, Kolkata
7. The PO, NHM, Swasthya Bhavan, Kolkata
8. The SFWO, 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 & Bolpur Birbhum
19. The Superintendent Suri SSH, BMOH Md. Bazar, BMOH Labpur
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 DAPCU, Burdwan
23. The DPMU Birbhum
24. Mainak Roy
25. Kumud Ranjan Guin


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. 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 (with seal):

.....
Signature of Candidate

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Attested