

No: H/SFWB/8H-01-2014/Pt-I/ 11685 - (2)

Date: 25/10/2019

ORDER

In reference to the recruitment notice no.: SHFWS/2018/164, dated: 23/07/2018, the following candidates are hereby engaged on contract for the position of Accounts Manager under NUHM. They will get a consolidated monthly remuneration of ₹23,270.00 (Rupees Twenty three thousand two hundred and seventy) only. They will be posted at UPHC of respective ULB mentioned against their respective names in the column "Place of posting".

Sl.	Name	Guardian's name	DOB	Caste	Address	Place of posting
1	SANTANU GHOSAL	MONI GHOSAL	01-11-1981	UR	Gopalpur, Kanksa, Paschim Bardhaman, West Bengal, Pin-713212	DPMU, Nadia
2	SANJIB BARMAN	Mrs. MADHABI BARMAN	13-03-1991	SC	Near Tufanganj Rly Quarter, Kamat, Fulbari, Tufanganj, Cooch Behar, West Bengal, Pin-736159	DPMU, Alipurduar

The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- 1) The order of engagement will take effect from the date he joins the post.
- 2) The period of contract will automatically get terminated at the end of the current financial year. Thereafter, it will be for one year, unless renewed further.
- 3) The engagement in the said post is for NUHM under NHM and shall be coterminous with NHM. However, the period of contract will be renewed every year till NHM continues and contract extended subject to satisfactory performance of the personnel.
- 4) The service may also be terminated by one month's notice from either side.
- 5) If the incumbent proposes to give up his work without covering 1 (one) month's notice period, his remuneration will be deducted accordingly.
- 6) Payment of remuneration will be made from Tally Code: P.02.02.01
- 7) The candidates are directed to report for joining for the post, at the Office of The Chief Medical Officer of Health of their respective district (place of posting) mentioned against their names with downloaded engagement order, self photo identity proof, Caste Certificate (if any) issued by appropriate authority and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners. The CMOH will send the joining report immediately to the SPMU for maintenance of HR database.
- 8) The candidates should join within 08/11/2019.
- 9) Any person failing to report to designated office within stipulated period, may not be allowed to join later and his engagement shall stand cancelled after that period.
- 10) No T.A. / D.A. is admissible for joining.

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Copy forwarded for information and necessary action to the:

- 1) The DHS, Health & Family Welfare Dept., Swasthya Bhawan.
- 2) The Director, SUDA, Kolkata.
- 3) The AMD, NHM, Health & Family Welfare Dept., Swasthya Bhawan.
- 4-5) The District Magistrate, Nadia / Alipurduar District.
- 6) The PO-1, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 7) The PO-2, NHM, Health & Family Welfare Dept. Swasthya Bhawan.
- 8-9) The CMOH, Nadia / Alipurduar District.
- 10) The State Nodal Officer, NUHM, Swasthya Bhawan.
- 11) The Sr. AO, NHM, Swasthya Bhawan
- 12) The HR Cell, "Swasthya Sathi" building, Swasthya Bhawan.
- 13) The System Co-Ordinator, IT Cell, for Web Posting.

Executive Director
W.B.S.H. & F.W.S.
Date: 25/10/2019

Executive Director
W.B.S.H. & F.W.S.

**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