



Government of West Bengal  
District Health & Family Welfare Samiti  
Office of the Chief Medical Officer of Health  
North 24 Parganas, Barasat



Memo. No. DH & FWS/NHM/2020/1100

Date: 08.07.20

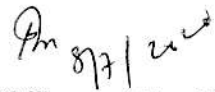
**ORDER**

In reference to the recruitment notice no. DH&FWS/NHM/2019/435, Dated 28.02.2019, the candidates of Annexure-A has been selected as **Block Accounts Manager (BAM), NHM** on purely contractual basis at a monthly remuneration of **Rs. 16,860/- (Sixteen thousand eight hundred & sixty, consolidated)** only and posted in place as mentioned against their respective names "Place of Posting".

The candidates of **Annexure-A** are hereby engaged as per the terms and condition mentioned below:-

The candidate is hereby engaged as per the terms and conditions mentioned below:-

- 1). The order of engagement will take effect from the date she joins the position.
- 2). The period of contact will automatically be terminated after expiry of 31.03.2021.
- 3). If the incumbent proposes to cease his/her work without covering 1 month's notice period, his/her remuneration will be deducted accordingly.
- 4). The period of contract may be extended further subject to approval of the position in the next financial year and satisfactory performance of the personal.
- 5). The service may also be terminated by one month's notice from either side.
- 6). The candidate is directed to report for joining for the position to the concerned BMOHs to report to the concerned BPHC under his/her control. The concerned BMOHs will send joining report of BAM immediately (within 2days of joining) to the CMOH for maintenance of HR database.
- 7). The candidate should join within one month (30 days) of issuance of this letter.
- 8). The candidate failing to report to designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
- 9). No TA/DA is admissible for joining.
- 10). The candidate is instructed to bring three copies of joining letter on the date of Joining at the office of the concerned BMOH.
- 11). The candidates are instructed to bring ID proof on the date of Joining.
- 12). The Candidate has to produce a Medical Fitness Certificate from the registered Medical Practitioner (holding MBBS) in the enclosed proforma attached herewith (**Annexure-B**).

  
Chief Medical Officer of Health  
North 24 Parganas

08.7.20

Copy forwarded for information & necessary action please to the:

1. Mission Director, FW & Secretary to the Govt. of West Bengal
2. District Magistrate, N-24PGs
3. SFWO, Dept. of H&FW, GoWB, Swasthya Bhawan, Kolkata-91
4. Programme Officer, NHM, Swasthya Bhawan, Kolkata-91
5. OC (Health), N-24PGs
6. Dy. CMOH-I / II / III / ZLO / DMCHO / DPHNO / DTO , N-24PGs
7. DIO, NIC, N24PGs is requested to publish in the District Official website.
8. Accounts Officer, CMOH Office, N-24PGs
9. ACMOH- Barackpur/ Barasat
10. BMOH Deganga & Barackpore-I are instructed to accept the joining of **BAM under NHM** and send his/her joining report immediately to the undersigned for disbursement of salary.
11. HR Cell, NHM, Swasthya Bhawan, Kolkata-91
12. System Coordinator, Swastha Bhawan, Kolkata-91 is requested to publish in the Official website
13. DPMU, N-24PGs
14. Office Copy

*Dr 8/7/2020*  
**Chief Medical Officer of Health**  
*Dr* **North 24 Parganas**  
08.7.20

## Annexure-A

### Panel of Block Accounts Manager under NHM- No. of Vacancy- UR-1

SL NO	Appli. Code No.	Name of Applicant	Father's Name/Guardian's name	Address	Sex	Caste	Place of Posting
1	BAM-056	SUJOY KUMAR MUKHERJEE	BIJOY KUMAR MUKHERJEE	Kanchrapara, Bizpur, North+E16 Parganas, Pin - 743145	MALE	UR	Nanna BPHC, Barrackpore-I

### Panel of Block Accounts Manager under NHM- No. of Vacancy- SC-1

SL NO	Appli. Code No.	Name of Applicant	Father's Name/Guardian's name	Address	Sex	Caste	Place of Posting
1	BAM-050	ROCKY DAS	AJOY DAS	Dhapa, Pragati Maidan, Kolkata - 700105	MALE	SC	Deganga BPHC, Deganga

*Dhapa/2022*  
CMOH & Secretary,

*67* N24PGs

*07-20*

**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)

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Signature of Candidate

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Attested