

## Government of West Bengal

## District Health & Family Welfare Samiti Office of the Chief Medical Officer of Health

Basirhat Health District,

Badartala, District Hospital Campus, Basirhat-743292

Phone: 03217 265673; Email: basirhatcmoh2016@gmail.com; dpmu.bhd@gmail.com



Memo. No. DHFWS/BSRHT/ 16 98 /23

## ENGAGEMENT NOTICE

In reference to the Recruitment notice vide Memo. No. DHFWS/BSRHT/198/23 dated 20.01.2023, the following candidates selected from the approved panel is hereby engaged for the contractual position of Staff Nurse for UHWC under XV FC Health Grant FY 22-23 under Basirhat Health District. Details are as follows:

| Name of the Post with category wise unfilled vacancy |                      |                            | Staff Nurse under XV FC HG FY 22-23- 2 (UR-1, OBC(A)-1) |          |   |                          |
|--|----------------------|----------------------------|---|----------|---|--------------------------|
| Sr.  | Application no.      | Name of the candidate      | Father/<br>Husband/<br>Guardian name                    | Category | Remuneration (per month)                            | Place of posting         |
| 1  | SN UHWC(XV<br>FC)-03 | ANKITA<br>BISWAS           | ARABINDA<br>BISWAS                                      | UR       | anagur, com<br>141, District Mu<br>15 Districted Of | Basirhat<br>Municipality |
| 2  | SN UHWC(XV<br>FC)-09 | MD<br>NASIRUDDIN<br>AHAMED | MD<br>JALALUDDIN  | OBC(A)   | Rs. 25,000/-  | Basirhat<br>Municipality |

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

- 1. The engagement is subject to final outcome of the petition filed WPA (P) 335 of 2022 Pijus Patra Vs. The State of West Bengal.
- 2. The engagement is made purely on contract basis till 2025-2026 i.e. it will be coterminus with the tenure of XV-Finance Commission Health Grant.
- 3. However, the contract period will be renewed every year based on satisfactorily performance of the candidate.
- 4. There will be no enhancement of remuneration during the tenure of his/her contract period.
- 5. No transfer request will be entertained during the engagement period.
- 6. The engagement will take effect from the date, the candidate joins the position.
- 7. The service may also be terminated by one month's notice from either side.
- 8. If the incumbent proposes to give up his/her work without covering 1 (one) months' notice period, his/her remuneration will be deducted accordingly.
- 9. The candidate has to produce a Medical Fitness Certificate (Annexure-A) in original from the registered Medical Practitioner (holding MBBS degree) in the enclosed format and a photocopy of the valid photo identity proof of himself/herself (Duly self attested) at the time of joining the position.
- 10. The candidate is hereby directed to report for joining in the designated position at the earliest to the undersigned.
- 11. The order of engagement will stand cancelled if the candidate fails to join within 7 (seven) working days from the date of issuance of this order.

- 12. The appointment is provisional subject to medical fitness, satisfactory performance, essential educational qualification and work experience. At any point of time, of service period, if any adverse gap found/ received (regarding fulfilling of the selection criteria) against the appointee, the service of the concerned person will be terminated immediately without any notice
- 13. No T.A/D. A is admissible for joining.

Chief Medical Officer of Health,

DH & FW Samiti, Basirhat Health District

Memo. No. DHFWS/BSRHT/ 1698 123

Dated: 08/06/23

Copy forwarded for information & necessary action to:

1. The DHS, Department of H & FW, Govt. of WB, Swasthya Bhawan

2. The Mission Director, NHM, Department of H & FW, Govt. of WB, Swasthya Bhawan

3. The Additional Mission Director, NHM, Department of H&FW, Govt. of WB, Swasthya Bhawan

4. The Programme Officer, NHM, West Bengal

- 5. The District Magistrate, North 24 Parganas
- 6. The Addl. District Magistrate, Basirhat
- 7. The Sub Divisional Officer, Basirhat Sub Division
- 8. The Dy. CMOH-I/II/III/DPHNO/DMCHO/DTO, Basirhat Health District
- 9. The Chairman, Basirhat Municipality under Basirhat HD
- 10. The Executive Officer, Basirhat Municipality under Basirhat HD
- 11. The Accounts Officer, Basirhat Health District
- 12. The DPMU, Basirhat Health District
- 13. Selected candidates
- 14. Office Copy
  - 15. Notice board

Basirhat Health District

## Medical Certificate in case of appointment of candidates under West Bengal State Health & Family Welfare Samiti

| Name of the Candidate in full (in block letter  | rs) :   |              |
|---|---|--------------|
| Height (without shoe)   | : Cm.   |              |
| Weight  | : Kg.   |              |
| "I hereby certify that I have examined Sri / Smt. a candidate for employment in the West Beng discover that Sri / Smt | gal State Health & Family Welfare Samit                         | i, and can'i |
| I do not consider this a disqualification for er's age is, accordi years, and by appearance about                     | mployment in the office of State Samitiing to his own statement |              |
| a. General Development  | Good / Fair / Average / Poor                                    |              |
| b. Vision :   | Right eye: Left eye:  |              |
| <ul><li>i. Uncorrected / Naked eye :</li><li>ii. Corrected :</li><li>iii. Nature and degree :</li></ul>               |   |              |
| c. Teeth : d. Hearing :   | e. Blood pressure:  |              |
| f. Lung : g. Heart :  | h. Liver :  |              |
| i. Spleen :   |   |              |
| j. Hernia (present or absent) :   |   |              |
| k. Hydroeceles (present or absent) :  |   |              |
| I. Urine i. Specific Gravity  | ii. Albumin iii   | . Sugar      |
| m. Identification marks :   |   |              |
| n The Candidate is  |   |              |

| rebriu ee shihma ta i  | i.   | Fit :  |
|------------------------|------|--|
| index-saleway          | îi,  | Unfit an account of :  |
|                        | iii. | Temporarily unfit on account of :  |
|                        |      | The state of the s |
| Dated:                 |      | Signature of the Medical Practitioner  |
|                        |      | Name :   |
|                        |      | Degree :   |
|                        |      | Regn. No. :  |
|                        |      | (Seal)   |
|                        |      |  |
| Signature of Candidate |      |  |
|                        |      |  |
|                        |      |  |
|                        |      |  |
| Attested               |      |  |