

**Government of West Bengal**  
**District Health & Family Welfare Samiti, Jalpaiguri**  
**Registration No- S/IL/11745 OF 2002- 03**  
**District Health Administration Building, 1<sup>st</sup> Floor, Hospital Road, Jalpaiguri – 735101**

Memo No: DHFWS/ 3077 /22

Dated, Jalpaiguri the 08.09.2022

**ORDER**

In reference to the recruitment notice vide memo no-CMOH/NTEP/JAL/15 dated-02-02-2021 Sri Joydeep Chakraborty C/o Nandadulal Chakraborty residing at Vill & Po- Kalchini & Ps- Kalchini Dist-Alipurduar West Bengal Pin-735217, is hereby engaged on contract basis for the position of DISTRICT PMDT & TB-HIV COORDINATOR under National Tuberculosis elimination programme. He will get a consolidated monthly remuneration Rs.26000 (Twenty Six Thousand only). He will be posted at DTO section under CMOH office Jalpaiguri.

As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 date 23-02-2021 point no. (ii) all new employees who have joined/will be joining between 29<sup>th</sup> December 2020 to 30<sup>th</sup> September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 Dated 29-12-2020, will not be entitled for annual increment for three consecutive financial year i.e. "2022-23, 2023-24 & 2024-25".

The order of engagement will take effect from the date he joins the position. The period of contact will automatically get terminated at the end of the current financial year and subsequently it will be renewed subject to Annual Performance report of the employee and subject to ROP approval. Annual increment will be applicable from the financial year 2025-26. The service may be terminated by one month's notice from either side. The engagement in the said position is under NHM and shall be coterminous with NTEP. If the incumbent proposes to give up his work without covering 1(one) months' notice period, his remuneration will be deducted accordingly.

Sri Joydeep Chakraborty has to produce a medical Fitness certificate from the registered Medical practitioner (holding MBBS degree) in the enclosed Proforma and a valid photo identity proof of him at the time of joining the position. He is hereby requested to report for joining the position to the undersigned.

Payment of remuneration will be made from FMR/Tally Code H.12.04. The order of engagement will stand cancelled if the candidate fails to join within 15 (fifteen) days from the date of issuance of this order.

12/8/2022  
CMOH & Secretary  
DH & FW Samiti, Jalpaiguri  
Dated, Jalpaiguri the 08.09.2022

Memo No: DHFWS/ 3077 /22/1(24)

Copy for information & Necessary action to:

1. Smt. Mitali Roy, Hon'ble, Chairman, DLSC, DH&FWS, Jalpaiguri
2. The Sabhadhipati, Zilla Parishad, Jalpaiguri
3. The Mission Director (NHM) & Executive Director, West Bengal Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata-91
4. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata-91
5. The Director of Finance, NHM, West Bengal Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata-91
6. The Addl. Mission Director, NHM, West Bengal Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata-91
7. The Programme Officer-I, NHM, West Bengal Health & Family Welfare Samiti, Swasthya Bhawan, Kolkata-91
8. The State Tuberculosis Officer, NTEP, Swasthya Bhawan, Kolkata-91
9. The OSD (Public Health), North Bengal
10. The District Magistrate, Jalpaiguri
11. The Additional District Magistrate (Health), Jalpaiguri
- 12-18. The Dy. CMOH-I / II / III / ZLO / DMCHO / DTO / DPHNO, Jalpaiguri
19. The OC (Health), Jalpaiguri
20. The Accounts Officer, CMOH Office, Jalpaiguri
21. The HR Cell, Swasthya Bhawan, Kolkata-91
22. The System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish in the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in)
23. Sri Joydeep Chakraborty Po & Vill -Kalchini Block & Ps- Kalchini Dist-Alipurduar West Bengal Pin-735217
24. Office Copy

12/8/2022  
CMOH & Secretary  
DH & FW Samiti, Jalpaiguri



# Medical Certificate in case of appointment of candidates under District Health & Family Welfare Samiti, Jalpaiguri

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