



**Government of West Bengal**  
**Office of the Chief Medical Officer of Health Alipurduar**  
Babupara, Maya Talkies Road, Ward No-12,  
District-Alipurduar, Pin: 736121  
Tele:03564-257200, email:cmohapd@gmail.com



Memo. No. DH&FWS/APD/2022-23/No. 701

Date: 14.11.2022


**ORDER**

In accordance to the notification, vide memo no. DH&FWS/APD No.1512 Dated 08.02.2021 of CMOH & Secretary, DH&FW Samiti, Alipurduar, the following candidate has been selected and appointed as **Peer Support (NVHCP)** under **NHM** on contractual basis at a monthly consolidated remuneration of Rs 10,000/- (Rupees Ten Thousand ) only .

Sl. No.	Name of the Candidate	Guardian's Name	Address	Date of Birth	Place of Posting
1	SARBANI DEV	BHABESH DEV	C/O - BHABESH DEV, VIVEKANANDA COLONY, UTTAR KAMAKHYAGURI KAMAKHYAGURI, KUMARGRAM, ALIURDUAR, PIN - 736202	17/06/1998	District Hospital, Alipurduar

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

1. The order of engagement will take effect from the date she joins the post.
2. The period of contract may be extended subject to approval of the position in the next financial year and satisfactory performance.
3. The service may also be terminated by one (01) months' notice from either side. If the incumbent proposes to cease her work without covering one (01) months' notice period, their remuneration will be deducted accordingly.
4. Payment of remuneration will be made from the respective programme fund and as per existing norms.
5. The candidate is directed to report for joining the post at the office of the CMOH & Secretary, DH&FW Samiti, Alipurduar, mentioned against her name with downloaded engagement order, photo identity proof and **Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioner.**
6. The candidate should join on any working day on or before **29.11.2022.**
7. If the candidate fail to report to the office of the CMOH & Secretary, DH&FW Samiti, Alipurduar within stipulated period, she will not be allowed to join later and her engagement will stand cancelled after that period and the vacant post will be filled up by the next meritorious candidate in the panel of selected candidates in waiting.
8. The Candidate will not be entitled for annual Increment for 03 (Three) consecutive financial years i.e.2022-23, 2023-2024 & 2024- 2025.
9. No TA/DA is admissible for joining.

  
14/11/22  
Chief Medical Officer of Health & Secretary  
DH&FWS, Alipurduar



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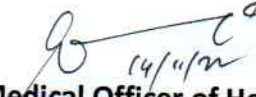


Memo. No. DH&FWS/APD/2022-23/No.701/1(5)

Date: 14.11.2022

**Copy forwarded for information to:**

1. The Chairman, District Level Selection Committee, Alipurduar
2. The District Magistrate, Alipurduar
3. The ADM (Health), Alipurduar
4. The SDO, Alipurduar
5. The DMDC & OC (Health), Alipurduar

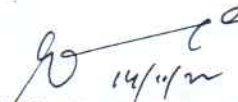
  
14/11/22  
Chief Medical Officer of Health & Secretary  
DH&FWS, Alipurduar

Memo. No. DH&FWS/ APD/No. 701/1(15)

Date: 14.11.2022

**Copy forwarded for information & necessary action to :-**

1. The Mission Director (NHM) & Executive Director, West Bengal Health & Family Welfare Samiti
2. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan
3. The PO-I, NHM, Deptt. of H&FW, Govt. of West Bengal
4. The DDHS(HA), Govt. of West Bengal, Swasthya Bhawan
5. The State Programme Officer NVHCP, Swasthya Bhawan
6. The Dy. CMOH-I/Dy. CMOH-II/ Dy. CMOH-III/ZLO/DMCHO/DPHNO, Alipurduar
7. The Superintendent, District Hospital, Alipurduar
8. The ACMOH/DTO, Alipurduar
9. The Accounts Officer, O/o the CMOH, Alipurduar
10. **The DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with request to publish the advertisement in the website [www.alipurduar.gov.in](http://www.alipurduar.gov.in)**
11. **The System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish the advertisement in the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in)**
12. The HR Cell, Swasthya Bhaban, Kolkata
13. **SARBANI DEV** for compliance
14. The DPMU, Alipurduar
15. Office Copy

  
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DH&FWS, Alipurduar



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Memo. No:- DH&FWS/APD/702

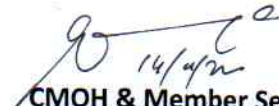
Date 14.11.2022

**ENGAGEMENT ORDER**

In reference to Recruitment Notice no.DH&FWS/APD No.1512, dated: 08.02.2021,the details of the selected and waitlisted candidate for the post for Peer Support (NVHCP) under NHM are as follows

Sl. No.	Name of the candidates	Guardian's Name	Address	D.O.B	Remark
1.	SARBANI DEV	BHABESH DEV	C/O - BHABESH DEV, VIVEKANANDA COLONY, UTTAR KAMAKHYAGURI KAMAKHYAGURI, KUMARGRAM, ALIURDUAR, PIN - 736202	17/06/1998	Selected
2.	PRIYABRATA GUHA	SUBRATA GUHA	C/O - SUBRATA GUHA FALAKATA ROAD, BAIRATIGURI DHUPGURI, JALPAIGURI, PIN - 735210	26/07/1995	Waiting-1
3	BARNALI DAS	BIMAL KR DAS	C/O - BIMAL KR DAS ANDARANFULBARI-I, ANDARANFULBARI-WEST TUFANGANJ, COOCH BEHAR PIN - 736159	31-03-1998	Waiting-2
4.	AMITESH DATTA	BIJOY KRISHNA DATTA	C/O - BIJOY KRISHNA DATTA KHARIMALA KHAGRABARI, NILKUTHI, KOTWALI, COOCH BEHAR, PIN - 736156	05-08-1992	Waiting-3
5.	ARKAPRIYA MITRA	DWIJAMANI MITRA	C/O - SAMIR DEY PURBA CHAKCHAKA, BAROBISHA, KUMARGRAM, ALIPURDUAR, PIN - 736207	15-01-1996	Waiting-4

The panel will remain valid for 1(one) year from the date of approval.

  
14/11/22  
CMOH & Member Secretary  
District Health & Family Welfare Samiti  
Alipurduar 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 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