



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. 618

Date: 13.10.2022

**ORDER**

In accordance to the notification no. DHFWS/APD/328 Dated 30.06.2022 of CMOH & Secretary, DH&FW Samiti, Alipurduar, the following candidates have been selected and appointed for the post of **Community Health Assistant(Urban)** under **NHM** on contractual basis at a monthly consolidated remuneration of Rs 13,000/- (Rupees Thirteen Thousand) only per month.

Sl. No.	Name of the Candidates	Guardian's Name	Address	Date of Birth
1.	Peu Ghosh	Mr. Subhash Chandra Ghosh	Vill- South Jitpur, P.O- Bholardabri, P.S- Alipurduar, Dist- Alipurduar, Pin- 736123	27.10.1999
2.	Prity Debgupta	Bappa Debgupta	Vill- Samuktala, P.O- Saontalpur P.S- Samuktala, Dist- Alipurduar, Pin- 736206	06.01.1999
3.	Rupa Subuddhi	Late Sadhan Subuddhi	Vill+P.O+P.S- Kamargramduar, Dist- Ailurduar, Pin- 736203	19.10.1998
4.	Mandira Biswas	Ratan Biswas	Vill- Bhatibari Hospital Quarter, P.O- Bhatibari, P.S- Samuktala, Dist- Alipurduar, Pin- 736121	17.03.1993

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 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, her remuneration will be deducted accordingly.
4. Payment of remuneration will be made from the respective programme fund and as per existing norms.
5. The candidates are directed to report for joining the post at the office of the under signed, mentioned against her name with downloaded engagement order, 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. practitioner**.
6. The candidate should join on any working day on or before 28.10.2022
7. The Candidate will not be entitled for annual Increment for 03 (Three) consecutive financial years i.e.2022-23, 2023-2024 & 2024- 2025.
8. No TA/DA is admissible for joining.

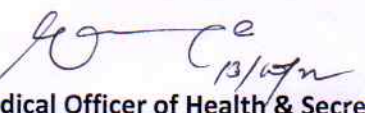
  
Chief Medical Officer of Health & Secretary  
DH&FWS, Alipurduar

Memo. No. DH&FWS/APD/2022-23/No. 618/1(c)

Date: 13.10.2022

Copy forwarded for information and necessary action 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 Chairman, Alipurduar Municipality
6. The DMDC & OC (Health), Alipurduar

  
Chief Medical Officer of Health & Secretary  
DH&FWS, Alipurduar



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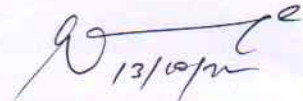


Memo. No. DH&FWS/APD/No. 618

Date: 13.10.2022

Copy forwarded for information 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 State Family Welfare Officer
4. The SPO, Child Health
5. The PO-I, NHM, Deptt. of H&FW, Govt. of West Bengal
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. The DPMU, Alipurduar
14. **Peu Ghosh** for compliance
15. **Prity Debgupta** for compliance
16. **Rupa Subuddhi** for compliance
17. **Mandira Biswas** for compliance
18. Office Copy

  
13/10/22  
Chief Medical Officer of Health & Secretary  
DH&FWS, Alipurduar



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Memo. No:- DH & FWS/APD/ 619

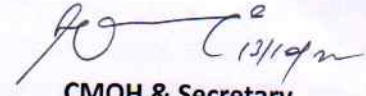
Dated: 13.10.2022

**ORDER**

In reference to Memo no. DH&FWS/APD/328, dated: 30.06.2022, the details of the details of the selected and wait listed candidates for the position of **Community Health Assistant(Urban) under NUHM** are as follows:-

Sl. No.	Name of the Candidates	Guardian's Name	Address	Remarks
1.	<b>Peu Ghosh</b>	Mr. Subhash Chandra Ghosh	Vill- South Jitpur, P.O- Bholardabri, P.S- Alipurduar, Dist- Alipurduar, Pin- 736123	Selected
2.	<b>Prity Debgupta</b>	Bappa Debgupta	Vill- Samuktala, P.O- Saontalpur P.S- Samuktala, Dist- Alipurduar, Pin- 736206	Selected
3.	<b>Rupa Subuddhi</b>	Late Sadhan Subuddhi	Vill+P.O+P.S- Kamargramduar, Dist- Ailurduar, Pin- 736203	Selected
4.	<b>Mandira Biswas</b>	Ratan Biswas	Vill- Bhatibari Hospital Quarter, P.O- Bhatibari, P.S- Samuktala, Dist- Alipurduar, Pin- 736121	Selected
5.	<b>Arpita Paul</b>	Sourav Roy	Vill- Chachakhata, P.O- Alipurduar Jn. P.S+Dist- Alipurduar, Pin- 736123	Waitlist-1

The panel will remain valid for 1 (One) year from the date of engagement notice.



**CMOH & Secretary**  
**District Health & Family Welfare Samiti**  
**Alipurduar**

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 an 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