



**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/807

Dated: 08.12.2022

**ORDER**

In reference to the Recruitment Notice No. DH&FWS/APD No.314, Dated: 29.06.2022, Payel Saha, C/o-. Sanjit Saha, residing at Vill- Kamakhyaguri, College Halt P.S-Kumargram, P.O- Kamakhyaguri, Dist.- Alipurduar, W.B, Pin-736202, is hereby engaged on contractual basis for the position of ANM(Community Health Assistant) urban under XV- Finance Commission Health Grant. She will be posted at UHWC under Alipurduar Municipality and will get a consolidated monthly remuneration of 13,000/- (Rupees Thirteen Thousand only) from concerned activity head of XV- Finance Commission Health Grant.

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

1. The engagement is subject to the 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 contractual basis till 2025-26 i.e. it will be co-terminus with the tenure of XV- Finance Commission Health Grant.
3. However, the contract period will be renewed every year based on satisfactory performance of the candidate.
4. There will be no enhancement of remuneration during the tenure of his contract period.
5. No transfer request will be entertained during the engagement period.
6. This engagement will take effect from the date she joins the position.
7. The service may also be terminated by one months' notice from either side.
8. If the incumbent proposes to give up his work without covering 1 (one) months' notice period, her remuneration will be deducted accordingly.
9. **The candidate has to produce a Medical Fitness Certificate from a registered Medical Practitioner (holding MBBS degree) in the enclosed format and a valid photo identity proof of herself at the time of joining the position.**
10. She is hereby directed to report for joining in the designated position to the undersigned.
11. 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.

*[Signature]*  
CMOH & Secretary

District Health & Family Welfare Samiti, Alipurduar

Memo. No. DH&FWS/APD/807/1(21)

Dated: 08.12.2022

Copy forwarded for information and necessary action to :-

1. The Chairman, District Level Selection Committee (Health), Alipurduar
2. The Chairman, Alipurduar Municipality
3. The DMDC & OC (Health), Alipurduar
4. The Mission Director (NHM) & Executive Director, West Bengal Health & Family Welfare Samiti
5. The Director of Health Services, Govt. of West Bengal, Swasthya Bhawan, Kolkata-91
6. The Additional Mission Director NHM, Dept. of H&FWS, Govt. of WB
7. The PO-I, NHM & Dy. Scy. Dept of H&FWS, Govt. of WB
8. The HR Cell, State Health & Family Welfare Samiti, Govt. of WB
9. The Director of Finance, NHM, West Bengal Health & Family Welfare Samiti
10. The DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with request to publish the notice in the website www.alipurduar.gov.in
11. The DADHS(CH), Dept of H&FWS, Govt. of WB
- 9-14. The Dy. CMOH-I/Dy. CMOH-II/ Dy. CMOH-III/ZLO/DMCHO/DPHNO, Alipurduar
- 15-20 The ACMOH/DTO, Alipurduar,
16. The Account Officer, Alipurduar
17. The DPMU, Alipurduar
18. The System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish the notification in the website www.wbhealth.gov.in
20. Payel Saha for compliance
21. Office Copy

*[Signature]*  
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