



Government of West Bengal
Office of the Chief Medical Officer of Health
Banomalipore, Barasat, North 24 Parganas, PIN-700124
Ph. No.: 033-2552-3129 E-mail:
cmohn24pgs@gmail.com



Memo. No. CMOH-N24PGs/NHM/2023/ 10509

Date:

ORDER

Sub: Joining of 'Programme Assistant 'under PCPNDT

Ref.: Memo. No. CMOH(NPG)/NHM/10499, Dated. 27.12.2023

In pursuance of the engagement order mentioned above issued by the undersigned, the following candidate, named as per column no. II is being allowed to join in the fore-noon on the date as shown in the column no. III. His place of posting is mentioned in the column no. IV temporarily until his place of posting is declared.

I	II	III	IV	V
Sl.No	Name of Candidate	Date of Joining as 'Programme Assistant' under PCPNDT at N24 PGS	Place of Posting	Reporting Officer
1.	BAPI MONDAL	27.12.2023	PCPNDT Cell, CMOH Office, North 24 PGS	DMCHO, North 24 Parganas

27/12/2023
Chief Medical Officer of Health
North 24 Parganas
Date:

Memo. No. CMOH-N24PGs/NHM/2023/ 10509

Copy forwarded for necessary information to:-

1. The Additional District Magistrate (Health), North 24 Parganas
2. The Swasthya Karmadhyakhya, North 24 Parganas
3. The Programme Officer-I, NHM & Dy. Secretary to the Govt. of WB, H&FW Dept.
4. The Sr. AO, NHM, Dept. of H&FW, Govt. of W.B.
5. The Officer-in-Charge, Health, North 24 Parganas
6. The Dy.CMOH-II/III/IV/DMCHO/DPHNO/DTO & DNO-NUHM, North 24 Parganas
7. The ACMOH (all sub-divisions), North 24 Parganas
8. The Accounts Officer, North 24 Parganas
9. Sri BAPI MONDAL for compliance

27/12/23
Dy. Chief Medical Officer of Health-I
North 24 Parganas

DPM/ HR/ Joining Letter/ PC&PNDT

Annexure A

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. Sr/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