



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/Rec/2443

Date: 12.03.2024

To  
SUBHAS KUNDU  
VILL+PO: PANCHGARA, PS: PANDUA,  
HOOGHLY, PIN: 712149

**Sub. : Engagement to the post of Cluster Programme Manager**  
**Ref. Memo . No. CMOH/N24PGS/NHM/Rec./7214, Date 07.09.2023**

With reference to your application (Application Id. : CMOH-N24Pgs/Recruitment/16169) for the above post, you are hereby offered an engagement to the post of **Cluster Programme Manager (CPM)** at the **O/o Chief Medical Officer of Health** in the District of **North 24 Parganas (Headquarter)**. You have to work in cluster consisting of **North 24 Parganas (Headquarter), Nadia and Basirhat HD** on contractual basis under West Bengal State AIDS Prevention and Control Society at a monthly consolidated remuneration of ₹ 54,300/- (Rupees Fifty four thousand three hundred only) for a period up to 31<sup>st</sup> March, 2025 w.e.f. the date of joining on the terms & conditions as detailed in the enclosed contract format.

You are requested to sign the enclosed contract form on a non-judicial stamp paper of ₹ 50/- (Rupees fifty) denomination and report at the office of **Chief Medical Officer of Health, North 24 Parganas (Headquarter)** along with all originals & photo copies of all certificates, testimonials and signed contract form within **10 (ten) working days** from the date of issue of this letter, failing which this offer will be treated as cancelled.

Encl.: As stated.

- I. CONTRACT OF APPOINTMENT
- II. MEDICAL FITNESS CERTIFICATE


  
Chief Medical Officer of Health  
North 24 Parganas

Memo. No. CMOH/N24PGS/NHM/Rec./2443/1(14)

Date: 12.03.2024

Copy forwarded for information and necessary action to the:

1. The Project Director, WBSAP&CS, Swasthya Bhavan.
2. The ADM (Health), North 24 Parganas .
3. The Joint Director-CST & SNO-DISHA, WBSAP&CS, Swasthya Bhavan.
4. The Joint Director, Finance/BSD/TL, WBSAP&CS, Swasthya Bhavan.
5. The CMOHs of Nadia & Basirhat HD.
6. The Dy. Director, STI/Finance/IEC, WBSAP&CS, Swasthya Bhavan.
7. The Dy. CMOH- I/II/III/IV/DMCHO/DPHNO/DTO/DNO (UH) North 24 Parganas
8. The Officer-in-charge (Health), O/o the DM, North 24 Parganas
9. The Accounts Officer, North 24 Parganas
10. The HR Cell, Swastha Bhawan, Govt. of West Bengal, Swasthya Bhavan
11. The IT Cell, Swasthya Bhaban with request for web-posting this order in www.wbhealth.gov.in
12. The DIO, NIC is requested for web-posting this order in http://north24parganas.gov.in/
13. The DSM, North 24 Parganas with request for web-posting this order in www.north24parganashealth.org
14. Office Copy

  
Dy. Chief Medical Officer of Health I  
North 24 Parganas

### **CONTRACT OF APPOINTMENT**

An agreement made this .....(Date) between CMOH, ..... District on behalf of WEST BENGAL STATE AIDS PREVENTION AND CONTROL SOCIETY having its office at Swasthya Bhawan, GN-29, Sector-V, Salt Lake City, Kolkata – 700091 (Hereinafter called the “Appointer”) of the one part and Shri/Smt..... having permanent address at ..... (Hereinafter called the “Appointee”) of the other part.

1. The appointee is being engaged on contract and he/she will be designated as ..... [for ..... Unit].
2. This contract will be valid from ..... to .....
3. His/ her remuneration will be a consolidated sum of Rs. ....../- per month for the period from ..... to ..... However, the Appointer shall have the right to recover any overpayment, or arrear dues arising out of wrong calculation, either pertaining to this contract tenure or any previous tenure.
4. In connection with his/her discharge of duties, he/she will devote as much time as necessary. At times, he/she may be required to work beyond normal working hours for which he/she will not be allowed to claim any compensation or compensatory time off.
5. He/she is expected to work diligently and uphold the values, objectives and mission of the Appointee.

6. He/she will be entitled to the leave as detailed below :
- a) **Accrued leave of 2.5 days for every completed month (30 days in a contract period of one year),**
  - b) **Sick leave of 10 days in a contract period of one year, subject to documentary evidence,**
  - c) **Maternity leave of 180 days in case of child birth and 42 days in case of abortion or miscarriage (applicable for female appointees).**
  - d) **Child Adoption Leave for maximum of 135 days as per terms and conditions laid down in Memorandum No. ACS/1E-011-2011/1751 dated 10-03-2015 of WBSAP&CS.**

Leave will be allowed with prior permission of Project Director, WBSAP&CS, or any other Officer, duly authorized in this behalf. Accrued leave shall not be carried forward to next contract period and leave may not be claimed as a matter of right. Further, late attendance in office for more than two days in a month will lead to deduction of 1 day leave for every 3 days of late attendance.

7. He/she will be entitled to reimbursement of travel expenses and daily allowance on tours made in his/her official capacity on submission of bills and receipts, in terms of the guidelines of National AIDS Control Organisation, issued from time to time.
8. He/she will be liable to be transferred to any of the peripheral units/facility level of this Society at any time within his/her contract tenure in the interest of public service.
9. Both the Appointer and the Appointee expressly understand that this appointment is dependent upon the availability of funds from the Department of AIDS Control (NACO), for which his/her services will be availed of. In the event of there being a shortfall in funding for the project, his/her services will be liable to be terminated with prior notice as stipulated herein. No further liabilities will be borne by the Appointer.
10. It is understood by both the Appointer and Appointee that this appointment has been made to him/her on the basis on the particulars submitted by the Appointee in his/her application for employment. If, at any point of time should it emerge that the particulars furnished by him/her were false/incorrect or if any material, relevant information, had been suppressed or concealed, this contract will become void and the services of the Appointee would be liable to be terminated by the Appointer forthwith. This will be without prejudice to the right of Appointer to take appropriate action against him/her for the same.
11. This appointment is terminable on either side at one month's notice. If the Appointee fails to give one month's notice before tendering his/her resignation to the Project Director, WBSAP&CS, one month's remuneration will be recoverable under the appropriate law in force.
12. Further, services of the Appointee will be liable to be terminated by the Appointer without notice if :
  - a) **He/she is absent from duty for more than seven days (without permission from his/her controlling authority).**
  - b) **He/she is guilty of indiscipline, dereliction of duty, misbehavior with superior officers and colleagues or public or client.**
  - c) **He/she is arrested for any criminal offence and imprisoned or remains in police custody for more than 48 hours.**
  - d) **There is any palpable proof of misappropriation of fund against him/her.**
  - e) **He/she is involved in any kind of financial malpractice or irregularities.**
  - f) **He/she resorts to any violent activities those results in disorder, disruption of work or destruction of government property/ other assets of Society.**

IN WITNESS WHERE OF the parties hereto put their signatures on the date and the date hereinbefore written.

The Appointee

The Appointer

.....  
(Signature of Appointee)

.....  
*Director / Principal / MSVP / CMOH*  
*(as applicable)*  
*For West Bengal State AIDS Prevention & Control Society*

Witness :

1)Name :

Address :

Signature :

Witness :

2)Name :

Address :

Signature :

**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. Hemia (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