

## GOVT. OF ASSAM DIRECTORATE OF HEALTH SERVICES (FAMILY WELFARE) SWASTHYA BHAWAN, HENGRABARI, GUWAHATI-36

NO. HSFW/95/2017/1822.

DTD. 22. /08/2023

#### ORDER

As per recommendation of the Recruitment Board of Health & Family Welfare Department and in pursuance of the Government Approval vide letter 10. HLA.882/2021/377 dtd. 04/12/2021 & No. dme/119/2021/Pt.III/254 D.D. 22/05/2023 and submission of the re-verification disability status report of candidates Gr-III (Technical) vide letter No. DME/Recruit/Dr-3&4/158/2023/11. 63 dtd. 05/08/2023 the following candidate is hereby appointed to the post of 11M (Auxiliary Nurse of Midwife) and vacancy as shown below against her name with effect from the date of joining in the scale of pay as shown below, subject to fulfilment of the following terms and conditions and subject to satisfactory Notarised Affidavit submitted by the candidate as per the Personnel (B) Department O.M. No. ABP.78/2021/01, dated 18/11/2021 in the format prescribed therein regarding character and anteceddents and subject to satisfactory verification of documents and undertakings submitted by the candidate.

The candidate so appointed will not be governed by the existing As an Services (Pension) Rule 1969 and orders issued there under from time to time. They will be governed by a new set of Pension Rules under the "New Defined Contribution Pension Scheme".

Roll. No.	Name	Address	Name of the post	Scale of pay	Name of office with vacancy against which the candidate is appointed and posted
10510521	Sorojini Sinha	c/o . Bipul Sinha Vill-Singari P.OPatharkandi P.SPatharkandi DistKarimganj.	ANM	Rs. 14000/- TO 60500/- GP-6200/-	Under the disposal of Addl. Chief Medical & Health Officer (FW), Karimganj

The following are the Terms and Conditions of service fc the appointe.

During his/her service period he/she may be deputed or his/her services may
be placed on attachment or on secondment basis to any other department/
sub-ordinate office/ public sector undertaking/ society/ Mission under he
State Govt. within and outside the State having the same pay scale and Grade
pay for a period decided and specified by the State Government.

While on such deputation or on attachment or placed on secondment basis he/she shall continue to be guided by the Assam Civil Services (Conduct) Rule, 1965 and Assam Services (Discipline & Appeal) Rules, 1964.

2. The services of any selected candidate found to have furnished false/ falsified information regarding educational qualification/ caste/ gender/ EWS status etc. in his/ her application and detected subsequently, will be terminated and legal action will also be taken as per law.

3. If a candidate or any of his/her family members is availing benefits under he Orunodoi Scheme at the time of the appointment. he/she or the concerned family member shall voluntarily opt out of the scheme, as Orunodoi Guidelines for getting appointment to the post.

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- 5. Further, the appointee shall also have to submit a 'National Affidavit' as per provisions of the Personnel (B) Department O.M. No. ABP.78/2021/01 dtd. 18/11/2021. Format of the affidavit is enclosed in Annexure-1.

The candidate are to report for joining at the Office of the Director of Health Services (FW), Assam/ Addl. Chief Medical & Health Officer (FW) of the respective district/ other health establishments within 15th days from the date of issue of the order with all relevent documents.

Director of Health Services (FW), Assam Swasthya Bhawan Hengrabari Guwahhati-36

MEMO NO. HSFW/95/2017/18 22- A

DTD. 22. /08/2023

Copy for information to the :-

- 1. The Principal Secretary to the Govt. of Assam, Health & Family Welfare Department, Dispur, Guwahati-6
- 2. The Accountant General, Assam, Maidamgaon, Beltola, Guwahati-29
- 3. The Director of Treasuries Kar Bhawan, Dispur, Guwahati-6.
- 4. The Addl. Chief Medical & Health Officer (FW), Karimganj
- 5. She is requested to obtain undertaking and Affidavit from the incumbent as mentioned above and also requested to intimate the joining status to the undersigned within one month from the date of joining without fail.
- 6. All concerned officers/Officer-in-charge of the concerned Institution/Office/Hospital for necessary action.
- 7. The Treasury Officer, Karimganj.
- 8. Person concerned.

Director of Health Services (FW), Assam Swasthya Bhawan Hengrabari Guwahhati-36

# ANNEXURE-I

# **AFFIDAVIT**

(Mention	son/daughter/wife ofagedyears, resident of
memon	ta post, without rollee verification report.
	That I am citizen of India byand a resident of the aforesaid locality.
2.	That I am a selected candidate for the post of which was advertised vide
	noand the final selection list of which was published/intimated vide
	no
3.	That contact telephone number(s) is/are and my e-mail id (if any) is
	That, I hereby declare that there is no pending criminal case against me.
- 5.	That, I have not been convicted of any offence involving moral turpitude and have not been dismissed
	from service by the Union Government or by a State Government or any Local/ Autonomous Body.
6.	That, I am not a member of or associated with any body or association declared unlawful.
7.	That, there is nothing in my character and antecedents which renders me unsuitable for appointment to
	the above-mentioned post.
8.	That, if anything is found contrary to the declarations made herein above in this affidavit, and if the
	Appointing Authority is satisfied that such finding renders me unsuitable for the service, may
d	lischarge/remove or dismiss me from the Service without assigning any reason or divulging the findings.
I	n such an event, I will have no claim or grievance against the appointing authority/authorities and I shall
b	e liable to be prosecuted under the Law.
9. 7	hat, the statements made in paragraphs 1 to 8 above are true and correct to the best of my knowledge
a	nd belief and no part of it is false and nothing material has been concealed there from.
	And I sign this affidavit today on20at
	TO A TO DO NOT SEE THE STOLEN WINDOWN TO A CONTROL OF SECURIOR SEC
Identified	•
dvocate,	DEPONDE
	DEPONENT
	Solemnly affirmed and declared before made
	deponent who is identified by
	Advocateon this

Advocate,....on this.....day of ....., 20....at.....

# ANNEXURE-II

### **UNDERTAKING**

1,	••••••		•••••	,	appointed	d as
***************************************	in the F	Health &	Family	Welfare	Departi	ment,
Government of Assam, do hereby solemnly affirm						
agree to the terms and conditions mentioned in						
declare that I satisfy all the qualifying criteria of th						
I do not have more than one wife living (applicabl						
has wife living (applicable for female candidates).						
two living children on or after 01-01-2021 from a si						
the contrary in due course, I shall be summarily disc						
	**					
Date			Signatur	e of the	Candida	ite