

# WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration No: S/IL/14448 of 2002-2003

Swasthya Bhawan 'B' Wing, 3<sup>rd</sup> Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

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Memo No: SLS/07-2013 /389

Date: 17.06.2022

## NOTICE

[Refer Recruitment Notice No: SHFWS/2022/243 dated 02/02/2022 and SHFWS/2022/244 dated 02/02/2022 for the positions of District Consultant NLEP and Physiotherapist in National Leprosy Eradication Programme under National Health Mission]

The candidates, as per enclosed list, for the positions of **District Consultant NLEP and Physiotherapist in National Leprosy Eradication Programme under National Health Mission** are hereby requested to be present for original testimonials verification. The candidates, are hereby requested to bring their original testimonials as listed below for verification purpose at "ARANYAK" Hall, **5<sup>th</sup> Floor, Swasthya Sathi Building, Swasthya Bhawan, GN 29, Salt Lake City, Sector-V, Kolkata-700091** as per date and time mentioned in the enclosed list (Annexure-A). It is also directed to submit the **self attested photocopies** of all those documents in the order listed below, mentioning his/her online Application ID and date of verification in all the documents otherwise the application is liable to be cancelled. This is to further inform that candidates must be present as per schedule mentioned below and no third party will be allowed at the time of verification. No change of date and time will be entertained under any circumstances. The candidates who fail to turn up as per enclosed programme, he/she shall not be considered for selection.

Candidates will not be allowed to enter the verification hall without mask and beyond 15 minutes from the time of reporting.

The candidates must bring undernoted **original documents**, along with one set of self attested photocopies of the same, for verification and submission:

1. On-line application print-out.
2. Original photo identity proof (issued by any appropriate authority) of the candidate.
3. Proof of Address (Passport or Voter ID or other proof issued by any competent authority )
4. Age Proof Certificate (Madhyamik or equivalent examination certificate).
5. Caste Certificate.
6. PWD Certificate.
7. All the mark sheets (**for all years / semesters**) and **course completion certificates** from class X onwards and certificate in support of computer knowledge.
8. Internship completion certificate.
9. Valid Registration Certificate of respective Medical Council.(wherever applicable)
10. Training in Leprosy Activities.
11. Experience in Leprosy Activities( For the position of District Consultant NLEP)
12. All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.(Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining(DOJ) and Date of Leaving (DOL)/current date in case still continuing otherwise his/her experience will be treated as invalid. No offer of appointment /engagement will be treated as experience.)
13. In case of married female candidates - Marriage registration certificate.
14. Documents relating to Guardian's identity. (Guardian as mentioned in the online application).

### Notes:

1. Verification of testimonials does not entitle the candidate to claim for final selection.
2. In case of failure to produce any of the above mentioned original documents at the time of verification, his/her application is liable to be cancelled.
3. The decision of the Competent Authority regarding the recruitment is final.

Executive Director  
WB SH & FW Samiti

**List of candidates called for original testimonials verification for different positions in  
National Leprosy Eradication Programme under NHM**

**Venue: 5th Floor, 'ARANYAK Hall' Swasthya Sathi Building, Swasthya Bhawan Campus,  
GN 29, Salt Lake City, Sector-V, Kolkata-700091**

Date & Reporting Time	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
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**Name of the Position : District Consultant NLEP ( Recr. notice no.: SHFWS/2022/243, dated: 02/02/2022 )**

<b>28/06/2022 11:00 A.M.</b>	217567	217677	217711	XX	XX	XX	XX	XX	XX	XX
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**Name of the Position : Physiotherapist (Recr. notice no.: SHFWS/2022/244, dated: 02/02/2022)**

<b>28/06/2022 11:45 A.M.</b>	216660	216757	216832	216974	216978	217073	217327	217328	217420	217741
	217792	218000	218060	XX	XX	XX	XX	XX	XX	XX



**Executive Director  
W.B.S.H. & F.W. Samiti**