

# 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

Tele Fax No: 033-2357 7901/3636, e-mail-ed\_samity@wbhealth.gov.in

Memo No: HFW/NHM-1131/2017/ 9060

Date: 05/03/2018

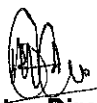
## NOTICE

The selected candidates, as per list below, based on the process of recruitment as mentioned in the Notice SHFWS/2017/123 dated 5/12/2017 for the position of DEIC Manager are hereby requested to be present for the original testimonial verification at HR Cell, 1<sup>st</sup> Floor, GTZ Building, Swasthya Bhawan Compound, Sector-V, Saltlake, Kolkata-700091, on 15<sup>th</sup> March, 2018 at 11 am. It is also directed to submit the self attested photocopies of all those documents in the order listed below, mentioning his/her online registration number and date in all the documents otherwise the application is liable to be cancelled. This is to further inform that candidates must be present at the time of verification and no third party will be allowed at the time of verification. No change of date and time will be entertained from this end.

Date & Time of verification	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
15-03-2018 11:00 A.M.	90997	91154	91768	91789	92168	92371	92451	92703

The candidates must bring undernoted original documents for verification:

- Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or Ration Card).
- Age Proof Certificate ( Madhyamik or equivalent examination certificate/admit card)
- All marksheets (all years or semesters, as applicable) and course completion certificates class 10 onwards.
- Internship Certificate (wherever applicable)
- Registration of the respective Councils obtained before the last date of on-line application (wherever applicable)
- 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)/still continuing , as applicable otherwise his/her experience will be treated as invalid. No offer of appointment / engagement will be treated as experience certificate.
- Print copy of the on-line application form.
- Marriage certificates for female applicants only.

  
Executive Director  
West Bengal State Health  
& Family Welfare Samiti

