

GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
SWASTHYA BHAWAN, GN - 29, SECTOR - V
SALT LAKE, KOLKATA - 700 091

Memo No. HPA/G- M/09/22/A 1990


Dated, 25/04/2022

NOTICE

All concerned are hereby requested to submit the inquiry report regarding employment on compassionate ground in prescribed format henceforth. No other format will be accepted.

It is further requested to keep the place "Opinion of the Appointing Authority" at the bottom of the format blank.

The format will be available in the website of the Department of Health Family Welfare, Government of West Bengal.

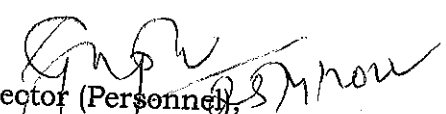

Addl. Director (Personnel),
& Ex-Officio Special Secretary
West Bengal

Memo No. HPA/G- M/09/22/A 1990/1(4)

Dated, 25/04/2022

Copy forwarded for information and necessary action to:-

1. Principal /Director / MSVP of all the Medical College & Hospitals.
2. CMOH of all the Districts and Health Districts.
3. Superintendent of all Hospitals.
- ✓ 4. In-charge of IT Cell, Swasthya Bhaban. He is requested to upload the notice alongwith the format in the website at the earliest and keep it available for at least one year.


Addl. Director (Personnel),
& Ex-Officio Special Secretary
West Bengal


22/04/22

Enquiry Report i.r.o _____, wife / son/ daughter of Late _____, Ex- _____

1. Date of Enquiry :
2. Name of the deceased with designation :
3. Last place of posting :
4. Date of expiry :
5. Name of the applicant :
6. Relationship with the ex-employee :
7. Family composition of the ex-employee :
8. Occupation of the spouse and monthly income there from :
9. Occupation of the other family members and monthly income there from individually :
10. Whether all the family members live together in the same family :
11. Amounts of death benefits paid or payable :
 - (i) Amount of Death Gratuity :
 - (ii) Amount of Leave Salary :
 - (iii) Amount of GIS :
12. Amount of Basic Family Pension received / receivable :
13. Qualification of the applicant :
14. Date of birth of the applicant :
15. Whether the applicant is SC / ST/ OBC :
16. Date of first time prayer in **Proforma** :

Signature of the members of the Enquiry Committee with date and official seal.

Opinion of the Appointing Authority: