

Government of West Bengal
Department of Health and Family Welfare
Directorate of Health Services
Administration Branch
Wing-B, 2nd Floor, Swasthya Bhawan,
GN 29, Sector V, Salt Lake, Kolkata 700091

Memo. No. HPT/2P-34-19/A **3679**

Dated **11/05/2023**

ORDER

The West Bengal Health Recruitment Board has recommended 6 (six) numbers of candidates in their list for recruitment in the post of Pharmacist Grade III, vide letter of Secretary & Controller of Examinations, West Bengal Health Recruitment Board, bearing No: 730/HFW-43011(35)/1/2023-ADMIN SEC(DHS), dated 25.04.2023. Accordingly, these 6 (six) numbers of candidates, whose names are appearing in Column **b** of **Annexure I** are hereby appointed as Pharmacist Grade III on temporary basis in Pharmacist Cadre constituted under G.O. HF/O/MA/442/IC-112/03, dated 24.03.2004 and are posted at the Health facilities as shown against their respective names in Column **i** of **Annexure I** in the existing vacancies.

They will draw pay in the Pay Band Scale of Rs 7,100/- -37,600/- (Entry Pay Rs 7,440/-) of Pay Band -3 with Grade Pay of Rs 3,600/- under W.B.S. (ROPA) Rules-2009 (at level 9 with Entry point Basic Pay at Rs. 28,900/- under W.B.S. (ROPA) Rules-2019) plus other usual allowances as admissible under the existing Rules and orders of the Government issued from time to time.

2. The concerned Head of the Office should arrange for the Police verification of these Pharmacists within 30 days of joining and Medical Examination within 15 days of joining. They are also requested to verify all the related documents/ testimonials of the incumbents in support of: i. Interview call letter issued by WBHRB, ii. Photo identity and residence proof, iii. Age proof, iv. Verification of subjects in Higher Secondary Examination, v. Passing Diploma/Bachelor degree in Pharmacy, vi. Registration Certificate as "A" category Pharmacist under WBPC vii. Caste & viii. PWD Certificate issued by Appropriate Authority, where applicable, before they are allowed to join.

3. The appointment of these Pharmacists is provisional subject to Medical fitness and satisfactory Police verification report and Document verification. In case of adverse Medical fitness report or Police verification report or Document verification report received against any one, the service of the concerned Pharmacist will be terminated immediately without any notice.

4. The Pharmacists are liable to be transferred to any health facilities in West Bengal in the exigencies of public service.

5. All the service conditions will be applicable to the appointed Pharmacist as per WBSR and subsequent amendment/ order issued from time to time.

6. The candidates should join within 21 (twenty one) days from date of issuance of this order; otherwise the offer of appointment shall be treated as cancelled.

7. The candidates should download the appointment letter from departmental website and report for duties to the Chief Medical Officer of Health of respective district or to the Principal/ Medical Superintendent Cum vice Principal of the Medical College & Hospitals/ Teaching Hospitals or to the Superintendent of the Decentralized Hospitals first as the case may be.

8. No TA/ DA is admissible for joining.

9. The list of the Pharmacist, who have joined, should be sent positively to the undersigned as well as to the Assistant Director of Health Services (Admin), West Bengal (adhs.adm@gmail.com) within 30 days from last date of joining by the concerned authorities in prescribed format placed at Annexure II.

10. The list of candidates for appointment to the post of Pharmacist Grade III with place of posting mentioned against each and the format of PVR are annexed.

11. All concerned are hereby informed.


Director of Health Services
West Bengal

Memo. No. HPT/2P-34-19/A 3679/1(23)

Dated 11/05/2023

Copy forwarded for kind information & necessary action please to:-

1. The Principal Accountant General (A&E), West Bengal, Treasury Building, Kolkata-700001,
2. The Chairman, West Bengal Health Recruitment Board,
3. The Director of Medical Education Services, West Bengal,
4. The Sr. Special Secretary (HS) to Govt. of West Bengal,
5. The Commissioner (GA) to Govt. of West Bengal,
6. The Addl. Director of Health Services (AAV), West Bengal,
7. The Joint Secretary (MA), Govt. of west Bengal,
8. The Dy DHS (Admin), Swasthya Bhawan,
9. The ADHS (Accounts), Swasthya Bhawan,
10. The ADHS (Cadre), Swasthya Bhawan,
11. The Principal/ Director, All MCHs/Teaching Institutions,
12. The MSVP, All MCHs/Teaching Institutions,
13. The CMOH, All Districts including Health Districts,
14. The Superintendent, All District Hospitals/Sub Divisional Hospitals/State General Hospitals/ Decentralised Hospitals/ Mental Hospitals/ Super Speciality Hospitals/ Other Hospitals,
15. The BMOH, All Rural Hospitals/ Block Primary Health Centers,
16. The MO, All Primary Health Centers,
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2 Phears Lane, Kolkata-700012,
18. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-I, Hyde Lane, Jawahar Building, Kolkata-700073
19. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, I.B. Market, Sector III, Salt Lake, Kolkata-700106
20. The Treasury Officer, _____ Sub Division/ District
21. The PA to the Pr.Secretary/Secretary (MS)/ Secretary (PHP) of this department,
22. Sri/ Smt. _____
23. The System Co-ordinator, IT Cell with request for posting of a copy of this order in departmental Website

[Signature]
11-5-23
ADHS (Admin)
West Bengal

Memo No: HPT/2P-34-19/A 3679

Dated 11/10/2023

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Sl. No.	Name of the Candidate	Name of Father	Address	Date of Birth	Gender	Caste	Category	Place of posting	
								Name of the Health Facility	District
a	b	c	d	e	f	g	h	i	
1	ARNAB DAS	UTPAL KUMAR DAS	State : West Bengal, District : Hooghly, Sub-Division :Sadar subdivision, Block/ Municipality : Municipality (Hugli-Chinsurah (M)), Police Station : Chinsurah P.S, Ward/GP : 05, Vill / Para / House No / Road : 552, KAILASHNAGAR, Post Office : BANDEL, Pin : 712123	11-Jan-1998	Male	Gen	UR	Chourigacha PHC under Karnasubarna BPHC	Murshidabad
2	TAMAL SINGHA ROY	ASHISH SINGHA ROY	State : West Bengal, District : Kolkata, Police Station : Metiabruz, Ward/GP : 133, Vill / Para / House No / Road : N-92/A, PAHARPUR ROAD, Post Office : GARDEN REACH, Pin : 700024	07-Feb-2000	Male	Gen	UR	Harirampur RH,	Dakshin Dinajpur
3	SOURJYA BANERJEE	SWAPAN KUMAR BANERJEE	State : West Bengal, District : Howrah, Sub-Division :Uluberia subdivision, Block/ Municipality : Block (Bagnan - I), Police Station : Bagnan, Ward/GP : Khalore, Vill / Para / House No / Road : Muralibar , Post Office : Bagnan, Pin : 711303	08-Nov-2000	Male	Gen	UR	Chanchal SDH	Malda
4	SUDIPTA MAHAPATRA	CHITTARANJAN MAHAPATRA	State : West Bengal, District : Jhargram, Sub-Division :Jhargram subdivision, Block/ Municipality : Block (Gopiballavpur - II), Police Station : Beliabera, Ward/GP : TAPSIA, Vill / Para / House No / Road : TAPSIA, Post Office : TAPSIA, Pin : 721517	16-Jun-1999	Male	Scheduled Caste	SC	Korakati PHC	Basirhat HD
5	APARNA HALDER	ANANDA HALDER	State : West Bengal, District : Nadia, Sub-Division :Ranaghat subdivision, Block/ Municipality : Block (Hanskhali), Police Station : Hanskhali PS, Ward/GP : Mayurhat 1 no gram panchayet, Vill / Para / House No / Road : Payradanga, Post Office : Mayurhat, Pin : 741502	18-Oct-1996	Female	Scheduled Caste	SC	Jhalda RH	Purulia
6	SAIKAT BARUA	BIMAL KUMAR BARUA	State : West Bengal, District : North Twenty Four Parganas, Sub-Division :Barrackpur subdivision, Block/ Municipality : Municipality (Panihati (M)), Police Station : Ghola, Ward/GP : 35, Vill / Para / House No / Road : S.N. ROAD, BARUAPARA, Post Office : NATAGARH, Pin : 700113	28-Oct-1997	Male	Scheduled Tribe	ST	Raiganj GMCH	Uttar Dinajpur

ADHS (Admin), West Bengal

Director of Health Services, West Bengal

Annexure II

LIST OF PHARMACIST JOINED IN TERMS OF ORDER NO HPT/2P-34-19/A.....3679.....

DATED.....11/05/23.....

Name of the District/ Medical College & Hospital/ Teaching Hospital/ Decentralized Hospital:

SI No.	Name of Pharmacist	SI no. in order	Place of posting		Date of Joining
			Name of the Facility	District	

Signature of Principal/Director/ MSVP/ CMOH/ Superintendent with seal

POLICE VERIFICATION ROLL

Affix your recent
Photograph here
(Size 3.5cmX 2.5
cm)
SELF ATTESTED

		Surname	Name
1. Name in full (in block capital) with aliases, if any [Please indicate if you have added or dropped, at any stage, any part of your name or surname]			
2. Name of the Post /the service applied for and Name of the office			
3. Present address in full (i.e. Village, Thana, Post Office and District or House number, Lane/ Street & Road PIN)			
4(a). Home address in full (i.e. Village, Thana, Post Office and District House number, Lane/Street & Road PIN)			
4(b). If originally a resident of Pakistan, Bangladesh, Nepal or any other country the address in that Dominion & date of Migration to Indian Union			
5. Particulars of place where you have resided for more then one year during the preceding five years:			
From	To	Residential addresses in full (i.e. Village, Thana, Post office & District or House Number, Lane/Street & Road. PIN)	
YEAR			
6. (a) Father's name in full with aliases a)			
(b) Present postal address (if dead, give last address) b)			
(c) Permanent home address c)			
(d) Profession d)			
(e) If in service, give designation & official address e)			
7.i) Nationality of			
a) Father : a)			
b) Mother : b)			
c) Husband : c)			
d) Wife : d)			
ii) Place of birth of			
a) Husband (Name.....). a)			
b) Wife : b)			
8.a) Exact Date of Birth [To be supported by Birth Registration Certificate/Admit Card of WBBSE /any other recognized Board] a)			
b) Present age b)			
c) Age of Matriculation/School Final/Madhyamik c)			
9.a) Place of Birth District & State in which it is situated a)			
b) District & State to which you belong b)			

(overleaf)

10. a) State your religion

a)

b) Are you a member of a Schedule Caste/
Schedule Tribe/OBC? If the Answer is 'YES'
State the name thereof [Copy of Certificate to be attached]

b)

11. Educational qualification showing places of education with years in Schools & College :

Name of School/College with full address	Date/Yr.of entry	Date/Yr.of leaving	Exam. Passed

12. If you have at any time been employed, give details :

Designation of post held or description of work	Period		Full address of the Office/Firm or Institution & reasons for leaving previous service
	From	To	

13. Have you ever been convicted by a Court of any offence or charge-sheeted by the Police in connection with any criminal proceeding? If so; the full particulars of the case should be given.

14. Name of two responsible persons of your locality or two reference to whom you are known :

1.
2.

I do certify that the foregoing information is correct and complete to the best of my knowledge and belief I am not aware of any circumstances which might impair my fitness for employment under Government, I understand that submission of false information will make me ineligible for employment.

(Signature of the Candidate)

Date

Place

(Certificate to be signed by a Gazetted Officer or Member of Legislature Assembly or other authority prescribed by the appointing authority)

Certified that I have known Sri/Smt.....
.....for the lastyears.....months and

that to be best of my knowledge and belief, the particulars furnished by him/her are correct.

Date

Signature.....

Place

Designation or Status and Address (Office Seal)

Date

Signature Designation of the Issuing Officer.....
and the Name of Office with full address

Place

(Legislature Assembly
Authority)