

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. HFW-43011(11)/176/2021/A 813

Dated 18/01/2023


CIRCULAR

It has been observed that the Medical Officers of regular services under WBHS & Officers under WBPBAS Cadres, who have variable period of absence during their service tenure, are applying for regularization of said absent period without following the procedure prescribed in this Directorate Circular No. HFW-43011(11)/176/2021/A 4597, dated 15.09.2021 and as a result of which such applications could not be processed in due time.

Hence, such officers are instructed to submit application for regularization of absent period of their service tenure afresh through proper channel, as per procedure prescribed in this Directorate Circular No. HFW-43011(11)/176/2021/A 4597, dated 15.09.2021, which is also detailed below, so that processing of the said application may be done in due time:

1. Application in plain white paper mentioning name in block letter, employee ID, cadre, present designation, present place of posting, date of joining in regular service and specifying the date of commencement of absent period and end of absent period along with cause of such absent with supporting documents through Head of the Office, Custodian of Service Book of the officer and Head of the District/ Institution.
2. The Service particulars of concerned Officer:- Service particulars to be furnished as mentioned in 'Doctors Personal Details' under "**KNOW YOUR DOCTOR**" Portal or in Prescribed Format enclosed in **Annexure I** after verification from the end of Custodian of the Service Book of the Officer concerned.
3. Duly Filled up Proforma enclosed in **Annexure IX** after verification from the end of Custodian of the Service Book of the Officer concerned.
4. Photo copy of Resumption order,
5. Photo copy of joining letter with acceptance,
6. Photo copy of documents in support of cause of absent,
7. Photo copy of Service Confirmation Order,
8. Leave Admissibility Report from the end of Custodian of service Book as on the date on which the incumbent lastly attended duties before remaining absent from dutie
9. Attested Photocopy of Page 02, 03 & 04 of Service Book of the concerned Officer

All concerned are hereby informed.


Director of Health Services
West Bengal

Copy forwarded for information to:-

1. The Director of Medical Education, West Bengal,
2. The Principal/ Director, All Medical Colleges/ Teaching Institutions
3. The Jt Secretary (MA), West Bengal,
4. The ADHS (P&E), West Bengal,
5. The MSVP, All MCHs/ Teaching Institutions,
6. The CMOH, All Districts including Health Districts,
7. The DADHS (P&E), West Bengal,
8. The Superintendent, All DHs/ SDHs/ SGHs/ Decentralized Hospitals/ MSS Hospitals/ Other Hospitals/ Specialized Hospitals,
9. The BMOH, All RHs/ BPHCs,
10. The In-Charge, Pay Cell under Directorate of Health Services, West Bengal,
11. The In-Charge, Medical Establishment Cell under Directorate of Health Services, West Bengal,
12. The System Co-ordinator, IT Cell with request for posting of one copy of this circular in Dept. website


12/1/23

DDHS (Admin)
West Bengal

**PRESCRIBED FORMAT FOR SERVICE PARTICULARS OF REGULAR MEDICAL OFFICERS UNDER WBHS & WBPH&AS
TO BE SUBMITTED ALONG WITH APPLICATION OF ANY KIND**

- 1 Name of the Medical Officer :
(In Block letters)
- 2 Name of Father/ Husband :
- 3 Gender :
- 4 Present Designation:
- 5 Cadre : WBHS/ WBPH&AS
- 6 Employee ID:
- 7 Registration No of WBMC:
- 8 Present Place of posting:

Name of the Health Facility	Name of Block/ Municipality	District	Date of joining

- 9 Contact No:
- 10 Date of Birth (DD/MM/YYYY) :
- 11 Caste : Gen/ SC/ST/OBC A/OBC B
- 12 Permanent Address:

Village/ Town/ Street:	
P.O.:	P.S.:
District:	PIN:

- 13 Present Address:

Village/ Town/ Street:	
P.O.:	P.S.:
District:	PIN:

- 14 Date of Joining in Service :

- a. On regular Appointment (DD/MM/YYYY) :

Regular Appointment order Memo No with Date:	
Memo No:	Date:

- b. On adhoc Appointment (DD/MM/YYYY):

Adhoc Appointment order Memo No with Date:	
Memo No:	Date:

- c. Date of Regularisation of Adhoc Appointment (DD/MM/YYYY):

Adhoc regularisation order Memo No with Date:	
Memo No:	Date:

- 15 Date of confirmation of service (DD/MM/YYYY):

Confirmation order Memo No with Date:	
Memo No:	Date:

Full signature of Medical Officer

