

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 814

Dated 18/01/2023


CIRCULAR

It has been observed that the Medical Officers of regular services under WBHS & Officers under WBPHAS Cadres, who are remaining absent from duties, but intend to resume duties presently, are applying for resumption of duties 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 resumption of duties 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 on and from which the Officer remained absent from duties with cause of such absent and 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 X after verification from the end of Custodian of the Service Book of the Officer concerned,
4. Photo copy of Appointment order at the place from which the applicant remained absent from duties,
5. Photo copy of joining letter at the place from which the applicant remained absent from duties,
6. Self Declaration by the Applicant stating that during the absent period, he/ she : i) was not implicated in any litigation inside the Union Territory of India and outside, ii) was not in custody for 48 hours or more, iii) did not hold any office of profit, iv) had not travelled outside India without the permission of the Department,
7. Photocopy of documents in support of cause of absent,
8. Photocopy of Service Confirmation Order,

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


18/1/23

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 Permant 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

16 Qualification:

Level of Course:	Name of Course	Discipline	Name of University	Year of Passing
Graduation	MBBS			
Post Graduate Diploma				
Post Graduate Degree				
Post Doctoral				

17 Present Pay:
(As per ROPA 19)

Level:	Pay Scale in Level : Rs.
Present Basic Pay: Rs.	

18 Particulars of Previous Posting since joining in service in chronological order:

Particulars of Health Facility		Period	
Name of Health Facility	District	From	To

19 Whether any period of absence pending for regularization: Yes/ No:
If yes, details of period:

20 Whether any Departmental Proceeding pending for completion: Yes/ No:
If yes, details of pending DP:

21 Whether any Vigilance Case pending for completion: Yes/ No:
If yes, details of pending Case:

22 Whether Spouse in Government Service (Yes/ No): (If Yes, Please specify)

Designation:	Department:
Present Place of posting:	

Full Signature of Medical Officer

Certified that the above information placed in Sl. no1 to 22 have been verified from Service Book/ Original Documents of the concerned Medical Officer and found correct

Signature of the Head of the Office with designation and office seal

