



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
HEALTH SERVICES (MEDICAL ADMINISTRATION) BRANCH
SWASTHYA BHAWAN, SECTOR-V, GN-29,
SALT LAKE CITY, KOLKATA-700 091

No.HF/O/HS(MA)/832/SF-11/2021/HFW-25017(11)/1/2020-MA

Dated, Kolkata the 10th June, 2021

NOTIFICATION

The Governor is pleased to appoint the following successful candidate enlisted in the table below, on recommendation of West Bengal Health Recruitment Board temporarily as Assistant Superintendent (Non Medical) Grade II, in the cadre of West Bengal General Service (WBGs) and to post him in the place as noted in the table.

Sl No	Roll No.	Appl.ID	Name	Father's Name	Address	D O B	Gender	Caste	PH	Place of posting
[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]	[I]	[J]	[K]
1	60011	904834	Aniruddha Roy	Subhash Roy	Vill- Elamtair (Dahapara), PO- Jahangirpur, PS- Gangarampur 733124	28-Jun-89	M	SC	NO	Malda Medical College & Hospital, Malda, <i>vice</i> RudranilGuchhait

- Such appointment is made, pending completion of verification of his antecedent. His service is liable to be terminated in case of any adverse report about his antecedent.
- The appointee will be liable to be transferred to any station within the State of West Bengal in the interest of public service.
- The candidate will draw a pay as per WBS (ROPA) Rules, 2019 in Pay Matrix Level-14 read with F.D. Memo No. 5562-F(P), dated 25.09.2019, in the corresponding Pay Band (PB-4) of ₹9,000-40,500/- plus Grade Pay of ₹4,700/- as per WBS (ROPA) Rules, 2009 read with F.D. Memo No. 961-F(P), dated 07.02.2011. Besides the grade pay, the candidate will draw other allowances as admissible to the officers of WBGs.
- The appointee shall be governed by the terms and conditions of service as laid down in the West Bengal Service Rules, as amended from time to time. Other rules and orders of the State Government as are applicable to Government employees of similar category shall also apply mutatis mutandis in respect of the Scheduled Castes and Scheduled Tribes, Backward Classes and Physically Handicapped candidates. He shall be required to perform all such duties as may be assigned to him from time to time besides the duties of the post in which he is or may be appointed.
- The candidate is hereby directed to report for duties to the concerned M.S.V.P. immediately **within 3 (three) weeks** from the date of issue of this order positively. No T.A. for joining the post will be allowed to him.
- No application or request for extension of joining time will be entertained and no correspondence in that regard shall be made to the applicant.

8. The concerned M.S.V.P. is requested to take immediate steps for **Medical Examination** of the candidate by Medical Board in terms of Health Directorate's Circular No. Estt./1M-258/76/79 dated 26.06.1977 immediately after his joining and forward a copy of the Medical Examination report to the Joint Secretary (Medical Administration), to the Govt. of West Bengal. He is also requested to verify all the testimonials relating to **educational qualifications** and other relevant documents of the candidate before allowing him to join.
9. **The candidate will have to submit two copies of filled up PVR to the office of the M.S.V.P. at the time of joining the service, failing which he will not be allowed to join.** Blank copy of PVR format may be downloaded from the Annexure-A of this order, from official website (www.wbhealth.gov.in).
10. The M.S.V.P. will receive filled up PVR (two copies) from the candidate before allowing him to join and subsequently send the PVR to the Superintendent of Police of the concerned district for verification.
11. If any adverse report is found during verification of PVR, the service of the candidate is liable to be terminated, without any further notice.
12. The joining of the Assistant Superintendent (Non Medical) Grade II, on temporary basis, should be sent to the office of Joint Secretary (MA), Department of Health & Family Welfare, positively, via email js.ma.wbhealth@gmail.com and ds.ma.wbhealth@gmail.com within 15 (fifteen) days from the date of joining.
13. Annexed is the Blank Format of PVR.
14. All concerned are being informed.

By Order of the Governor

Sd./=

Secretary (HS)

to the Government of West Bengal.

No. HF/O/HS(MA)/832/SF-11/2021/HFW-25017(11)/1/2020-MA/1(18)

Dated, Kolkata the 10th June, 2021

Copy forwarded for information & necessary action to the---

1. Principal Accountant General (A & E), West Bengal.
2. The Accountant General (A & E), West Bengal
3. The Accountant General (Local Bodies Audit), West Bengal, CGO Complex, Salt Lake City, Kolkata- 700064
4. Director of Health Services, West Bengal.
5. Director of Medical Education, West Bengal.
6. Additional Director of Health Services (North Bengal Zone), West Bengal.
7. Principal, Malda Medical College & Hospital, Malda
8. MSVP, Malda Medical College & Hospital, Malda
9. Deputy Director of Health Services (Admn), West Bengal.
10. CMOH, Malda
11. Pay & Accounts Officer, Kolkata Pay & Accounts Office, 234/4, A J C Bose Road, Lala Lajpat Rai Sarani, Kolkata, West Bengal – 700 020.
12. Pay & Accounts Officer, Kolkata Pay & Accounts Office–III, IB Market, Sector–III, Salt Lake City, Kolkata – 700 016.
13. Treasury Officer, Malda
14. P.A. to the Secretary (Dept. of Health & Welfare), West Bengal.
15. P.A. to Joint Secretary (MS), West Bengal
16. _____
17. Co-ordinator IT Cell to post the order in the Dept's website
18. Guard File

Pushpendu Sengupta
Joint Secretary

19. to the Government of West Bengal

1.	Name in Full (In block capitals) with aliases, if any. (Please indicate if you have added or dropped, at any stage, any part of your name or surname).	Surname	Name
2.	The name of the post and service applied for		
3.	Present address in full (i.e. village, thana and district or house number, lane/street and road, PIN)		
4.	(a) Home address in full (i.e. village, thana and district or house number, lane/street and road, PIN) (b) If originally a resident of Pakistan, Bangladesh, Nepal or any other country, the address in that dominion of migration to Indian Union.		

5. Particulars of places where you have resided for more than one year during the preceding five years

From	To	Residential address in full (i.e. village, thana and district or house number, lane/street and road, PIN)

6. (a) Father's name in full with aliases, if any ... (a)
 (b) Present Postal address (if dead, give the last address) ... (b)
 (c) Permanent home address ... (c)
 (d) Profession ... (d)
 (e) If in service, give designation and official address ... (e)
7. (i) Nationality of—
 (a) Father ... (a)
 (b) Mother ... (b)
 (c) Husband ... (c)
 (d) Wife ... (d)
8. (a) Exact date of birth ... (a)
 [To be supported by Birth Registration Certificate/Admit Card of West Bengal Board of Secondary Education/any other Recognized Board]
 (b) Present age ... (b)
 (c) Age of Matriculation/School Final ... (c)
9. (a) Place of birth, district and State in which is situated ... (a)
 (b) District and State to which you belong ... (b)

10. (a) State your religion

(b) Are you member of scheduled caste/ Scheduled tribe/ OBC. Answer "Yes" or "No" and if the answer is "Yes" state the name thereof. [Copy of certificate to be attached]

11. Education qualifications showing place of education with year in school colleges:

Name of school/colleges with full address	Date of entering	Date of leaving	Examination passed

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

Designation of the post held or description of work	Period	Full address of the office, firm or institution and reasons for leaving previous service

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 particular of the case should be given.

14. Name of two responsible persons of your locality (1) or
two referees to whom you are known (2)

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

Date.....
Place.....

Signature of the candidate.....

(Certificate to be signed by a gazetted officer)

Certified that I have known Shri/Shrimati..... son/daughter of Shri..... for the last..... yearsmonths and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

Place..... Signature..... Date.....
Designation status and address.....

.....

Signature and designation of the Issuing Officer and the name of the office with full address and date.