

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/10M-92-2016/Pt IV/ A 154

Dated .....08/01/2019

ORDER

The West Bengal Health Recruitment Board has recommended 33 (Thirty three) numbers of candidates in their list for recruitment in the post of Medical Technologist (Dialysis) Grade III, vide letter of Chairman & CEO, West Bengal Health Recruitment Board bearing No: 41(CON)/WBHRB/2018, dated 26.12.2018. Accordingly, these 33 (Thirty three) numbers of candidates, whose names are appearing in Column **b** of **Annexure I** are hereby appointed as Medical Technologist (Dialysis) Grade III on temporary basis in Medical Technologist Cadre constituted under G.O. H/MA/1253/HF/O/MA/2M-12/99, dated 20.05.1999 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 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 Medical Technologists (Dialysis) 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 Dialysis Technology, vi. Caste & vii. PWD Certificate issued by Appropriate Authority, where applicable, before they are allowed to join.

3. The appointment of these Medical Technologists (Dialysis) 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 received against any one, the service of the concerned Medical Technologist (Dialysis) will be terminated immediately without any notice.

4. The Medical Technologist (Dialysis) 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 Medical Technologist (Dialysis) 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.

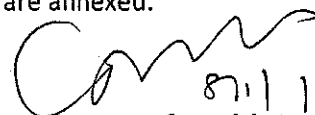
7. The candidates should download the appointment letter from departmental website and report for duties to the Chief Medical Officer of Health of respective district or to the Principal/ Medical Superintendent Cum vice Principal of the Medical College & Hospitals/ Teaching Hospitals or to the Superintendent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

8. No TA/ DA is admissible for joining.

9. The list of the Medical Technologists (Dialysis), who have joined, should be sent positively to the undersigned as well as to the Assistant Director of Health Services (Admin), West Bengal 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 Medical Technologist (Dialysis) Grade III with place of posting mentioned against each and the format of PVR are annexed.

11. All concerned are hereby informed.

  
8/1/19  
Director of Health Services  
West Bengal

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

Samer Subh  
8/1/19  
ADHS (Admin)  
West Bengal

Sl. No.	Name of the Candidate	Name of Father	Address	Date of Birth	Gender	Caste	Category	Place of posting	
								Name of the	District
a	b	c	d	e		f	g		i
1	ABHINANDAN SHEET	BISHNU PADA SHEET	473 SONAMUKHI ROAD, ANNESWA RE,1ST FLOOR SARSUNA LP 211/4/0/3,700061,KOLKATA, WEST BENGAL	25-02-1989	M	SC	UR	Kolkata MCH	Kolkata
2	SOMNATH MAITY	RAJKUMAR MAITY	VILL-PANCHURIA,PO-PANCHURIA, PS-PATASHPUR,721434,PURBA MEDINIPUR, WEST BENGAL	06-04-1989	M	Gen	UR	B S MCH	Bankura
3	NITIM HAIT	LATE NITAI CHAND HAIT	VILL-MADHABPUR,POST-KASHINAGAR,PS-RAIDIGHI,743349,SOUTH 24 PARGANAS, WEST BENGAL	15-06-1995	M	OBC-B	UR	N R S MCH	Kolkata
4	SUJIT SAHOO	SAMIR SAHOO	KUMARPUR, P.O. CONTAI,P.S. CONTAI,721401,PURBA MEDINIPUR, WEST BENGAL	05-05-1996	M	Gen	UR	B S MCH	Bankura
5	SURAJIT SANTRA	PROHLAD SANTRA	84,JAGATNAGAR,712409,HOOGHLY, WEST BENGAL	04-04-1986	M	Gen	UR	N R S MCH	Kolkata
6	RAM HARI DALAI	SHAMBHU RAM DALAI	VILLAGE - NATUN DIARA, POST - NAYABAD, P.S - SONARPUR,700150,SOUTH 24 PARGANAS, WEST BENGAL	17-01-1987	M	SC	UR	N R S MCH	Kolkata
7	BIBHAS JANA	MANINDRA NATH JANA	C/O - MANINDRA NATH JANA,JAMUNABALLA,711404,HOWRAH, WEST BENGAL	08-12-1987	M	Gen	UR	R G Kar MCH	Kolkata
8	GEETLEKHA MAJUMDER	GOPAL CHANDRA MAJUMDER	N0018,MADANPUR,743711,NORTH 24 PARGANAS, WEST BENGAL	20-11-1996	F	Gen	UR	R G Kar MCH	Kolkata
9	SOURAV MONDAL	SANTI MONDAL	119/10/4056,VIVEKANANDA PALLY, HATTARA,700157,NORTH 24 PARGANAS, WEST BENGAL	22-04-1990	M	OBC-B	UR	IPGMER-SSKM Hospital	Kolkata
10	KRISHNA DAYAL DAS	RADHASHYAM DAS	145/A,KALINDI,721455,PURBA MEDINIPUR, WEST BENGAL	25-02-1989	M	Gen	UR	B S MCH	Bankura
11	BIPLAB PAUL	BIDHAN CHANDRA PAUL	16,PALASHI,743145,NORTH 24 PARGANAS, WEST BENGAL	02-11-1993	M	OBC-B	UR	R G Kar MCH	Kolkata

ADHS (Admin), West Bengal

8/1/19

Sl. No.	Name of the Candidate	Name of Father	Address	Date of Birth	Gender	Caste	Category	Place of posting	
								Name of the Hospital	District
a	b	c	d	e		f	g		i
12	SURIYA PUSTI	BHASKAR PUSTI	13, CHAKRABORTY BAGAN LANE, SAIKIA, 711106, HOWRAH, WEST BENGAL	03-09-1990	M	Gen	UR	R G Kar MCH	Kolkata
13	RASHIKADITYA ROY	SAKTI PADA ROY	SAHAPUR, SAHAPUR, 711310, HOWRAH, WEST BENGAL	17-11-1993	M	Gen	UR	IPGMER-SSKM Hospital	Kolkata
14	RABINDRA MAHAPATRA	RASHBIHARI MAHAPATRA	39, VIVEKANANDA PARK AJAY NAGAR, 700099, NORTH 24 PARGANAS, WEST BENGAL	05-04-1982	M	Gen	UR	IPGMER-SSKM Hospital	Kolkata
15	DIPANKAN SARKAR	LATE KANKAN SARKAR	17, K.P. GHOSHAL ROAD, KOLKATA, 700056, NORTH 24 PARGANAS, WEST BENGAL	11-05-1993	M	Gen	UR	IPGMER-SSKM Hospital	Kolkata
16	PARTHA PRATIM DE	BISWANATH DE	N007, JAMBEDIA, 722202, BANKURA, WEST BENGAL	10-07-1988	M	Gen	UR	B S MCH	Bankura
17	ANUP KUMAR GIRI	AMALESH KUMAR GIRI	C/O AMALESH KUMAR GIRI, SOUTH SHIBGANJ, 743371, SOUTH 24 PARGANAS, WEST BENGAL	09-01-1985	M	Gen	UR	IPGMER-SSKM Hospital	Kolkata
18	UJAL SINGHA	BISWANATH SINGHA	14, GAIN JOTE, 734427, DARJEELING, WEST BENGAL	12-08-1995	M	SC	SC	N B MCH	Darjeeling
19	SANKARI MONDAL	KRISHNA MONDAL	VILL+POST-ABHOY NAGAR BALLY, VILL+POST-ABHOY NAGAR BALLY, 711205, HOWRAH, WEST BENGAL	10-06-1984	F	SC	SC	IPGMER-SSKM Hospital	Kolkata
20	HARADHAN DAS	SWAPAN DAS	24/3, NILMONI MITTRA ROW, 700002, KOLKATA, WEST BENGAL	05-01-1990	M	SC	SC	IPGMER-SSKM Hospital	Kolkata
21	ARUP NASKAR	BIKAS NASKAR	NA, KHARIBERIA, 743503, SOUTH 24 PARGANAS, WEST BENGAL	10-09-1985	M	SC	SC	IPGMER-SSKM Hospital	Kolkata
22	KRISHNA PADA HALDAR	KAMAL KEISHNA HALDAR	VILL AND P.O. - DURGANAGAR, DURGANAGAR, 743399, SOUTH 24 PARGANAS, WEST BENGAL	09-10-1989	M	SC	SC	S N Pandit Hospital	Kolkata

*Savitri Saha*  
8/11/19  
ADHS (Admin), West Bengal

*Savitri Saha*  
8/11/19  
Director of Health Services, West Bengal

Sl. No.	Name of the Candidate	Name of Father	Address	Date of Birth	Gender	Caste	Category	Place of posting	
								Name of the	District
a	b	c	d	e		f	g		i
23	BIJOYKRISHNA RUIDAS	ASOK KUMAR RUIDAS	130/A, HIJALDIHA, 722138, BANKURA, WEST BENGAL	30-10-1995	M	SC	SC	B S MCH	Bankura
24	SANJIB MAJI	BINOV KUMAR MAJI	24, RUPNARAYANPUR (NEAR=SEN SWEET), 713386, PASCHIM BARDHAMAN, WEST BENGAL	25-07-1988	M	SC	SC	Bardhaman MCH	Purba Bardhaman
25	VIVEKANANDA SARKAR	BHABENDRANATH SARKAR	39 PANCHANANTALA LANE BEHALA, KOLKATA, 700034, KOLKATA, WEST BENGAL	18-12-1990	M	SC	SC	Kolkata MCH	Kolkata
26	SUCHITA KINDO	LATE NIKOLAS KINDO	81, RAMKRISHNA PALLY, 700099, KOLKATA, WEST BENGAL	20-06-1982	F	ST	ST	S N Pandit Hospital	Kolkata
27	BASIR ALI SAHA	DAYAN ALI SAHA	N0082, DEPAL SASANBAR PS RAMNAGAR, 721453, PURBA MEDINIPUR, WEST BENGAL	18-10-1988	M	OBC-A	OBC-A	B S MCH	Bankura
28	TARIQUE ANJUM OSMANI	MD RASHID	142, ARSARA ROAD ISLAMPUR, 733202, UTTAR DINAJPUR, WEST BENGAL	17-09-1981	M	OBC-A	OBC-A	N B MCH	Darjeeling
29	TARIF HOSEN MOLLA	ABDUL HAKIM MOLLA	N0041, HOGLA, 743385, SOUTH 24 PARGANAS, WEST BENGAL	16-05-1993	M	OBC-A	OBC-A	Dr B C Roy PGIPS	Kolkata
30	KAMAL SAHOO	JHARESWAR SAHOO	N0014, DAKSHIN DERA, 721455, PURBA MEDINIPUR, WEST BENGAL	04-04-1993	M	OBC-B	OBC-B	Bardhaman MCH	Purba Bardhaman
31	MRINAL MONDAL	SUBHAS MONDAL	NAMKHANDA, NAMKHANDA, 743357, SOUTH 24 PARGANAS, WEST BENGAL	20-10-1991	M	OBC-B	OBC-B	Dr B C Roy PGIPS	Kolkata
32	SHYAMAL MANNA	GOUR HARI MANNA	VILL - KAMAR GERIA, P.O- DINGAL KAMAR GERIA, 721232, PASCHIM MEDINIPUR, WEST BENGAL	18-04-1996	M	OBC-B	OBC-B	N B MCH	Darjeeling
33	ABDUL HAQUE SARDAR	SAHADAT HOSSAIN SARDAR	1/4 KABARSTHAN MORE, PASCHIM BOALIA, 700084, SOUTH 24 PARGANAS, WEST BENGAL	19-07-1977	M	OBC-A -PH	PH	N B MCH	Darjeeling

Sent Sub 9/1/19  
ADHS (Admin), West Bengal

**LIST OF MEDICAL TECHNOLOGIST (DIALYSIS) JOINED IN TERMS OF ORDER NO HPT/10M-92-2016/PT IV/A.....**

**DATED**

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

SI No	Name of Medical Technologist (Dialysis))	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

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]	Surname	Name
2. Name of the Post /the service applied for and Name of the office	Directorate of Health Services, Govt. of West Bengal	
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 than 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)

I Certified that I have known Sri/Smt.....

.....for the last .....years.....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 : Swasthya Bhavan  
Salt Lake, Kolkata-700 091.