

Government of West Bengal
Directorate of Health Services
Administration Branch
Swasthya Bhavan, GN-29, Sector-V
Salt Lake, Kolkata-700091.

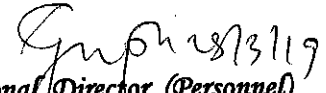
No. HPT/10M-16-2019/A1759

Dated, Kolkata the 28/3/ 2019.

ORDER

In connection with Order No.HPT/10M-16-2019/A1598 dated 18/03/2019 copy of Annexure regarding following subjects are enclosed herewith as ready reference.

1. NOC to acquire an International Passport (Annexure-M)
2. Identity certificate to acquire an International Passport (Annexure-B)
3. NOC for foreign tour in private capacity (Annexure-I&II)

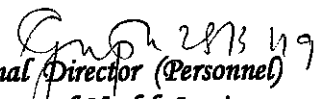

Additional Director (Personnel)
Directorate of Health Services
&
Ex-officio Special Secretary
Department of H & F.W
Govt. of West Bengal

No. HPT/10M-16-2019/A1759/1(3)

Dated, Kolkata the 28/3/ 2019.

Copy forwarded for information & necessary action to :-

- 1) The Director of Health Services, West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 91.
- 2) The Jt. D. H. S.(Nursing) , West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 91.
- 3) The In-charge, I.T.Cell , Swasthya Bhawan Salt Lake Kol-91 to upload in the health web site.


Additional Director (Personnel)
Directorate of Health Services
&
Ex-officio Special Secretary
Department of H & F.W
Govt. of West Bengal

MINISTRY/DEPARTMENT/OFFICE OF

No.....

Dated.....

(No Objection Certificate issuing officer should attest the photograph of the applicant with his/her signature and rubber stamp in such a way that half the signature and stamp appear on the photograph and half on the certificate)



NO OBJECTION CERTIFICATE

Shri/Smt/Miss.....s/o, d/o....., who is an Indian national, is employed in this office as.....from..... till date. This Ministry/Department/Office has no objection to his/ her obtaining a passport.

Signature
Controlling/Administrative authority
Telephone/Fax/E-mail id

Note:

- (a) The officer authorized to issue NOC should sign with name and stamp and must provide contact details for verification by Passport Authority.
- (b) NOC will be valid for six months from date of issue.

ANNEXURE 'B'

ALL CENTRAL GOVERNMENT EMPLOYEES, STATE GOVERNMENT
EMPLOYEES, EMPLOYEES OF STATUTORY BODIES AND PUBLIC SECTOR
UNDERTAKINGS, THEIR SPOUSE AND CHILDREN UPTO THE AGE OF 18
YEARS ARE REQUIRED TO PRODUCE AN
IDENTITY CERTIFICATE

(Strike out options that are not applicable)

(To be given in Duplicate on Original Stationery)

Certified that, Shri/Smt/Miss Son/Wife/Daughter of Shri
....., who is an Indian national, is a temporary/permanent employee
of (office address) from (date) and is at present holding the
post of Shri/Smt./Miss/Mst., who is also an
Indian national, is/are a dependent family member(s) of
Shri/Smt..... and his/her identity is certified. This
Ministry/Department/Organisation has no objection to his/her acquiring
Indian Passport. I, the undersigned, am duly authorised to sign this Identity
Certificate. I have read the provisions of Section 6(2) of the Passports Act, 1967
and certify that these are not attracted in case of this applicant. I recommend
issue of an Indian Passport to him/her. It is certified that this organization is a
Central/State Government/Public Sector undertaking/Statutory body. The
Identity Card Number of Shri / Smt / Miss (employee)
.....is.....

Ref.No..... & Date

Name, Designation, Address & Tel No.

Applicant's
photo to
be attested

Note: Refer Annexure 'F' for details of Section 6(2) of the Passports Act, 1967

PROFORMA FOR APPLICATION FOR PRIVATE VISIT (ANNEXURE-I)

1. Name :
2. Designation :
3. Pay :
4. Office (specify Department / Directorate / Undertaking / Corporation etc.
5. Passport No.
6. Details of private foreign travel to be undertaken

Period of abroad		Names of the foreign countries to be visited	Purpose	Estimated Expenditure (Travel, board / lodging, visa, misc. etc.	Sources of Funds *	Remarks
From	To					

7. Details of previous private foreign travel, if any undertaken during the last four years (as under item No. 6)

Name :

Designation :

Date :

* In case of foreign funding which comes under purview of the FCRA, 1976 clearance from the Ministry of Home Affairs, Government of India is required to be obtained.

Permission to visit foreign countries in private capacity (Annexure II)

No.

Date

I (Name of leave sanctioning authority) posted as (designation)
hereby authorize (Name of applicant) posted as (designation of applicant)
..... to visit (Name of countries) for the period in his / her private capacity.
She / He has been granted (nature of leave) for the period for this purpose.

Date :

Signature :

Copy for information to :

1. Cadre controlling authority.

Government of West Bengal
Directorate of Health Services
Administration Branch
Swasthya Bhawan, GN-29, Sector-V
Salt Lake, Kolkata-91.

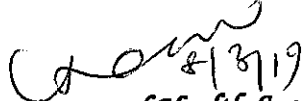
No. HPT/10M-16-2019/A1578

Dated, Kolkata, the 18/3/2019 2019.

O R D E R

In pursuance of Memorandum of PAR Deptt., Training Cell, West Bengal bearing No. 42-PAR(Trg)/HR/O/3T-11/2011 dated 2nd February, 2011 and 194-PAR(Trg)/HR/O/3T-61/07 dated 6th June, 2011 the procedures for issuance of N.O.C., Identity Certificate for acquiring International Passport and issuance of NOC for foreign tour in private capacity have been modified in respect of all categories (except Group 'A') of Govt. employees under the control of Directorate of Health Services.

- (1) **NOC to acquire an International Passport (ANNEXURE – M)** : This will be issued by the Controlling Authority after verifying that there is no adverse report/court case / departmental or disciplinary proceeding / vigilance case pending against the employee concerned.
- (2) **Identity Certificate to acquire an International Passport (ANNEXURE – B)** : This **may be issued** for the employee itself on the basis of **bona-fide urgencies**. All Identity Certificate will be issued by Director of Health Services after being forwarded and recommended by the competent authority justifying the case with required details.
- (3) **NOC for foreign tour in private capacity** : This will be issued by Leave Sanctioning Authority. However online leave application along-with station leave application is to be duly forwarded and recommended by the competent authority certifying that alternative arrangement has been done for the aforesaid period and that official work is not hampered during this period of leave.


Director of Health Services
Govt. of West Bengal

Maha
8/3/19


Contd.2...

No. HPT/10M-16-2019/A1598/1(13)

Dated, Kolkata, the 18/3/ 2019.

Copy forwarded for information & necessary action to :-

- 1) The Addl. Director of Health Services (A.A. & V.), West Bengal, Kolkata – 91.
- 2) The Jt. Director of Health Services (Nursing), West Bengal, Kolkata – 91.
- 3) The Jt. Director of Health Services (P.H.C.D.), West Bengal, Kolkata – 91.
- 4) The Dy. Director of Health Services (Admn.), West Bengal, Kolkata – 91.
- 5) The Asst. Director of Health Services (Admn.), West Bengal, Kolkata – 91.
- 6) The Asst. Director of Health Services (Accounts), West Bengal, Kolkata – 91.
- 7) The Asst. Director of Health Services (Cadre), West Bengal, Kolkata – 91.
- 8) The Director, _____
- 9) The Principal, _____
- 10) The Medical Superintendent-Cum-Vice-Principal,
- 11) The Chief Medical Officer of Health _____
- 12) _____
- 13) The Incharge, I. T. Cell to upload in the health web site.


Addl. Director (Personnel)
Directorate of Health Services
Govt. of West Bengal

Mulay
18/3/19.