

**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/8M-79-18/A 27/4

Dated 14/09/2020

**ORDER**

The West Bengal Health Recruitment Board has recommended 8 (eight) number of candidates having Master degree as maximum basic qualification in their list for recruitment to the post of Librarian, vide letter of Chairman & CEO, West Bengal Health Recruitment Board bearing No: 64(CON)/WBHRB/2020, dated 20.07.2020. Accordingly, these 8 (eight) number of candidates, whose names are appearing in Column b of Annexure I are hereby appointed as Librarian on temporary basis under this Department and are posted at the Health institutions 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 8,650/-) of Pay Band -3 with Grade Pay of Rs 4,100/- under W.B.S. (ROPA) Rules-2009 [ at Level 11 with entry point pay of Rs 33,400/- under W.B.S. (ROPA) Rules-2019] 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 Librarians 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 (i. Interview call letter issued by WBHRB, ii. Aadhar Card/ EPIC Card for photo identity and residence proof, iii. Admit Card of Madhyamik/ Secondary Examination for age proof, iv. Certificate for Basic Qualification, v. Certificate for Graduate/ Post Graduate Degree in Library Science, vi. Caste certificate issued by Appropriate Authority & vii. PWD Certificate issued by Appropriate Authority, where applicable) before they are allowed to join.

3. The appointment of these Librarians 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 Librarian will be terminated immediately without any notice.

4. The Librarians are liable to be transferred to any health institutions in West Bengal in the exigencies of public service.

5. All the service conditions will be applicable to the appointed Librarian as per WBSR and subsequent amemdement/ 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 departemental website and report for duties to the Director/ Principal/ Medical Superintendent Cum vice Principal of the Medical College & Hospitals/ Teaching Hospitals or to the Chief Medical Officer of Health of respective district 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 Librarian, who has joined, should be sent positively to the undersigned as well as to the Assistant Director of Health Services (Admin), Directorate of Health Services, 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 Librarian with place of posting mentioned against each and the format of PVR are annexed.

11. All concerned are hereby informed.

  
14/9/20  
Director of Health Services  
West Bengal

**Copy forwarded for information & necessary action to:-**

1. The Principal Accountant General (A&E), West Bengal, Treasury Building, Kolkata-700001,
2. The Chairman, West Bengal Health Recruitment Board,
3. The Addl Secretary (HS), Govt. of West Bengal,
4. The Director of Medical Education Services, West Bengal,
5. The Commissioner (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/Decentralised Hospitals,
14. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2 Phears Lane, Kolkata-700012,
15. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-I, Hyde Lane, Jawahar Building, Kolkata-700073
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, I.B. Market, Sector III, Salt Lake, Kolkata-700106
17. The Treasury Officer, ..... Sub Division/ District
18. The PA to the Additional Chief Secretary/Secretary (MS)/ Secretary (PHP) of this department,
19. Sri/ Smt. ....
20. The System Co-ordinator, IT Cell with request for posting of a copy of this order in departmental Website

*Savitri Laha*  
14/9/2020  
ADHS (Admin)  
West Bengal

Memo No: HPT/8M-79-18/A 2714/1 (20)

Dated

14/19/2020

Sl. No.	Name of the Candidates	Name of Father	Address	Date of Birth	Sex	Category	Caste	Place of posting	
								Name of the	District
a	b	c	d	e	f	g	h	i	
1	MRS SUBHRA MISRA	LATE CHANDRA SEKHAR MISRA	VILL + PO MADARAT, PS BARUIPUR DIST SOUTH 24 PARAGANAS 743610	10-01-1980	F	UR	GEN	Kolkata Medical College	Kolkata
2	MRS PAYEL GHOSAL	KALLOL GHOSAL	RAJGANJ KUOTALA PO NUTANGANJ 713102	02-05-1986	F	UR	GEN	Bardhaman Medical College	Purba Bardhaman
3	MR SHIB SHANKAR SARKAR	LATE BALAI PRASAD SARKAR	"SHREE KUTHI". SATYAJIT SARANI. NETAJI PALLI. P.O. SAINTHIA. DIST. BIRBHUM. WEST BENGAL 731234	24-03-1978	M	UR	UR/PH	Rampurhat Govt. Medical College	Rampurhat HD
4	MR IBNEY IMAM	TAMJUDDIN AHMED	VILLCHERAPARA, P.OLAKSHMIPUR, P.SGAZOLE, DISTMALDA, WB 732124	01-06-1983	M	UR	OBC-A	Coochbehar Govt Medical College	Coochbehar
5	MR AMITABHA PRAMANIK	APURBA KUMAR PRAMANIK	Aradhya Apartment', Flat No. 2A, 244/183/1, Adarsha Pally, P.O. B. D. Sopan, P.S. Khardah, North 24 Parganas, 700116	01-03-1981	M	UR	GEN	Regional Institute of Ophthalmology	Kolkata
6	MRS CHHABI NASKAR	NIRANJAN NASKAR	8/24 SAHID NAGAR BATTALA PARK PS GARFA PO HALTU KOLKATA 700078	18-01-1982	F	SC	SC	Bangur Institute of Neurosciences	Kolkata
7	MRS TANWI MANDAL	ANUPAM MANDAL	B10/246, KALYANI, DIST. NADIA 741235	23-06-1986	F	SC	SC	Dr R Ahmed Dental College	Kolkata
8	MISS JUTHIKA MANDAL	LAKSHMAN CH MANDAL	VILLKHIDIRPUR MARKETPARA,POBETHUADAHARI, PS NAKASHIPARA ,DIST NADIA, 741126	05-03-1984	F	SC	SC	Bardhaman Dental College	Purba Bardhaman

*Samir Sank*  
14/19/2020  
ADHS (Admin), West Bengal

*[Signature]*  
14/19/20  
Director of Health Services, West Bengal

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Sarav Saha  
14/9/2020  
ADHS (Admin), West Bengal

*[Signature]*  
14/9/20  
Director of Health Services, West Bengal

LIST OF LIBRARIAN JOINED IN TERMS OF ORDER NO HPT/8M-79-18/A.....

DATED .....

Name of the Medical College/ Teaching Hospital/ District Hospital:

Sl No	Name of Librarian	Sl 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 3.5cm X 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)

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.