

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-68-18/ A

3644

Dated 18/7/2018

CIRCULAR

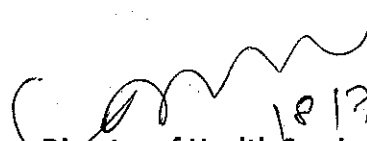
It has been observed that the regular employees of Pharmacist, Medical Technologist, Librarian, Physiotherapist, Facility Manager, Store Keeper and different groups of NMTP Cadres under the West Bengal Sub-ordinate Health Services, who seek transfer, do not submit their prayer for transfer in uniform format along with their requisite service particulars. As such this Directorate is facing difficulties for further processing of such prayers.

In the above view, all the above stated regular employees under the Directorate of Health Services, who desire for transfer from their present place of posting, are hereby instructed to submit their transfer prayer henceforth through proper channel in prescribed format attached in Annexure I along with their Service particulars in prescribed format attached in Annexure II with this circular.

The Principal/ Director/ MSVP/ CMOH/ Superintendent/ BMOH/ MO of all Health facilities/ Institutions of this department are also requested that henceforth before forwarding any transfer prayer of above stated regular employee under their control should be ensured that such transfer prayer compulsorily be submitted in above stated prescribed format along with duly filled up Service particulars of the concerned employee, properly verified and certified by the competent authorities.

The above stated regular employees who have already submitted their prayer for transfer are also instructed to submit their transfer prayer afresh through proper channel in the stated prescribed format.

All concerned are hereby informed.


18/7/18
Director of Health Services
West Bengal
Dated 18/7/2018

Memo. No. HPT/8M-68-18/ A

3644/1(10)

Copy forwarded for information to:-

1. The Director of Medical Education, West Bengal,
2. The Principal/ Director, All Medical Colleges/ Teaching Institutions,
3. The DDHS (Admin), West Bengal,
4. The ADHS (Admin)/ (Cadre), West Bengal,
5. The MSVP, All MCHs/ Teaching Institutions,
6. The CMOH, All Districts including Health Districts,
7. The Superintendent, All DHs/ SDHs/ SGHs/ Decentralized Hospitals/ MSS Hospitals/ Other Hospitals/ Specialized Hospitals,
8. The BMOH, All RHs/ BPHCs,
9. The MO, All PHCs,
- ✓ 10. The System Co-ordinator, IT Cell for posting of one copy of this circular in Dept. website


18/7/18
Director of Health Services
West Bengal

FORMAT FOR APPLICATION SEEKING TRANSFER

To
 The Director of Health Services,
 West Bengal,
 Swasthya Bhawan, GN 29, Sector V,
 Salt Lake, Kolkata -700091,

Subject : Prayer for transfer
Through proper channel

Sir,

I (Name in block letter),
 working as (Designation with Grade if any)..... presently posted at
 desire for transfer from
 my present place of posting to any of the following facilities/ institutions(according to preference):

- 1.
- 2.
- 3.
- 4.
- 5.

The ground for seeking of such transfer is as follows:

I am here submitting my Service particulars in Annexure II with this application.
 I will be highly obliged if you kindly consider my prayer,
 Thanking you,

Full Signature with date and designation of the Applicant

Forwarded by BMOH/ Superintendent/Other competent local authorities with remarks if any,

Memo No. :

Date:

Full signature with date, designation and office seal

Forwarded by Director/Principal/ MSVP/ CMOH/Superintendent/ Other competent authorities with
 remarks if any,

Memo No. :

Date:

Full signature with date, designation and office seal

PRESCRIBED FORMAT FOR SERVICE PARTICULARS OF REGULAR EMPLOYEES UNDER DIRECTORATE OF HEALTH SERVICES TO BE SUBMITTED ALONG WITH APPLICATION OF ANY KIND

- 1 Name of the Employee (In Block Letter):
- 2 Name of Father/ Husband :
- 3 Gender :
- 4 Designation with Grade, if any:
- 5 Present place of posting :

Name of the Health Facility	Name of Block/ Municipality	District	Date of joining

6 Contact No. :

7 Date of Birth (DD/MM/YYYY):

8 Caste:

Gen/ SC/ST/ OBC-A/OBC-B

9 Permanant Address :

Vill/ Town:	
P.O.:	P.S.:
District:	PIN:

10 Qualification :

	Level of the Course	Name of the Course	Name of the Board/ Council/ Faculty/ University	Year of Passing
10(i)	Madhyamik or equivalent			
10(ii)	10+ 2 or equivalent			
10(iii)	Diploma (Please specify)			
10(iv)	Degree (Please specify)			

11 Date of Joining In regular service (DD/MM/YYYY):

12 Date of Confirmation of service (DD/MM/YYYY):

13 GPF Account No.:

14 Employee Code under IFMS:

15 Present Pay :

PB:	Pay Scale in Pay Band: Rs.
Band Pay: Rs	Grade Pay : Rs.

16 Particulars of previous posting :

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

17 Whether spouse in service: Yes/ No (If yes, please specify)

Designation:	Department:
Present place of posting :	

Full signature of the Employee

Certified that the above information have been verified from the Service Book/ Original Documents of the concerned Employee and found correct

Signature of the immediate Controlling Officer with designation and seal