

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
FOOD SAFETY BRANCH
6th FLOOR, SWASTHYA SATHI, SECTOR-V, GN-29,
SALT LAKE CITY, KOLKATA-700 091

No. 95/HF/CFS/2A-55/2018

Dated, Kolkata the 5th March, 2019

NOTIFICATION

The Governor is pleased to appoint the following successful candidates, enlisted at Table I below, on recommendation of West Bengal Health Recruitment Board, temporarily, as **Food Safety Officer**, in the cadre of West Bengal General Service and to post them in the places as noted against their names.

2. The candidates will have to undergo mandatory training as per rule 2.1.3.(1)(iii) of Food Safety and Standards Rules (FSSR),2011 and Rule 2(1)(b)(iii) of Food Safety Officer Recruitment Rules,2017 and complete it successfully as specified by the Food Authority in a recognized institute or Institution approved for the purpose prior to their confirmation to the post in addition to the fulfillment of requirements/provisions in other rules leading to the confirmation.
3. Such appointment is made provisionally, pending completion of the Police Verification Report. Their services are liable to be terminated in case of any adverse report in the PVR, unsuccessful/non completion of mandatory training as mentioned at para 2 above, and if in any case, at any point of time it is found that the candidate has made a false declaration or deposition.
4. The appointees will be liable to be transferred to any place within the State of West Bengal in the interest of public service.
5. The candidates will draw a pay in the Pay Band (PB-4) of Rs.9,000-40,500/- plus Grade Pay of Rs. 4,400/-as per WBS (ROPA) Rules, 2009 read with F.D. Memo No. 961-F(P), dated 07.02.2011. Besides the grade pay, the candidates will draw other allowances as admissible from time to time similar to that of the officers of WBGS.
6. 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. They shall be required to perform all such duties as may be assigned to them from time to time besides the duties of the posts in which they are or may be appointed.
7. The candidates are hereby directed to report themselves to the concerned C.M.O.H immediately by **25th March, 2019**, positively. No T.A. will be admissible.
8. The candidates **must submit two copies of each duly filled up and signed PVR (Annex -A) and Disclosure of Interest Form (Annex B) to the office of the C.M.O.H at the time of reporting.** They should also bring all the testimonials relating to educational qualifications and other relevant documents for verification. Blank copy of PVR format and Disclosure of Interest Form may be downloaded from the Annexure-A and B of this order, from official website (www.wbhealth.gov.in)
9. The C.M.O.Hs are requested to take immediate steps for **Medical Examination** of the candidates by Medical Board in terms of Health Directorate's Circular No. Est/1M-258/76/79 dated 26.06.1977 immediately on their reporting and allow them to join if found fit and forward a copy of the Medical Examination report to the Joint Commissioner of Food Safety to the Govt. of West Bengal. They are also requested to verify all the testimonials relating to educational qualifications and other relevant documents of the candidates before they are allowed to join.
10. The C.M.O.H will receive filled up PVR (two copies) and Disclosure of Interest Form (two copies), as mentioned above, from the candidates at the time of their reporting and immediately 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.

TABLE -II


Sl. NO	Appl. ID	Roll No.	Name	Father's name	Address	Gender	Caste/PH	EC	District	Place of Posting
1	481036	412670	SANTWANA GHOSH	SUNIL BARAN GHOSH	VILL - SALDA P.O - SALDA, P.S - JOYPUR, BANKURA, 722122 WEST BENGAL	F	UR		Birbhum	Rampurhat SDH
2	439813	290678	PRADIPTA MONDAL	NIKHIL CH MONDAL	NEAR YUVA SHAKTI CLUB, ASHUTI, SOUTH 24 PARAGANAS, WEST BENGAL 700141	M	SC		North 24 Parganas	Bidhannagar SDH
3.	470351	410788	LPI MIDYA	ASIM KUMAR MIDYA	EAST OF MUNICIPAL HIGH SCHOOL, PRATAPBAGAN, BANKURA, BANKURA, 722101 WEST BENGAL	F	SC		Birbhum	Bolpur SDH
4.	477782	411004	SIPRA BARMAN	BHIM PADA BARMAN	VILL- BRINDABANCHAK , P.O- SAGARBARH, PURBA MEDINIPUR, 721151 WEST BENGAL	F	SC		Paschim Medinipur	Midnapur Medical College & Hospital
5.	473178	411911	CHOGYAL DUKPA	DOJLAMA DUKPA	DUKPA GAON, LAMAHATTA BUSTY, P.O. LAMAHATTA, DARJEELING, 734213 WEST BENGAL	M	ST		Kalimping	Kalimping Dist. Hospital
6.	435965	291316	JADU NATH HEMBRAM	BAIDYA NATH HEMBRAM	VILL- PUNYASHA, PO- SATMOULI, BANKURA, WEST BENGAL 722149	M	ST		Paschim Medinipur	Dwarigeria RH at Garbeta-III
7.	490600	410163	SONJUARA KHATUN	SK KHALIL	MIYABAZAR, NEA R IBRAHIM SHAH BABA LANE, PO- MIDNAPUR, PS- KOTWALI, PASCHIM MEDINIPUR, 721101 WEST BENGAL	F	OBC-A		Bankura	Patrasayar RH
8.	443331	296315	APARAJITA AICH	KAMAL KANTI AICH	F-7/3, ROAD 19, CHHOTODIGHARI, ASANSOL, WEST BENGAL 713326	F	UR		Purba Bardhaman	Naopara BPHC at Katwa
9.	441991	290912	RIMI DAS	PULIN CHANDRA DAS	MADHUSARANI, RAMBAGAN, DOCTOR COLONY SEARSOLE RAUBARI, RANIGANJ, WEST BENGAL 713358	F	SC		Purba Bardhaman	Katwa SDH
10.	438980	290592	PAMELA HALDER	PARITOSH KANTI HALDER	C/3 UTTAR PASCHIM PARA (BADRA), DUM DUM, NORTH 24 PARAGANAS, WEST BENGAL 700079	F	SC		South 24 Parganas	Baruipur SDH
11.	436432	291587	IMANMUL HAQUE	ABDUL GONI MONDAL	NALHATI, KANTAGORIA, BIRBHUM, WEST BENGAL 731237	M	OBC-A		Bankura	Saktora RH at Barjora
12.	477348	410982	SOVAN DAS	SAMBHU NATH DAS	BISHPARA, NAYASARAI, HOOGHLY, 712513 WEST BENGAL	M	SC		South 24 Parganas	Mathurapur RH

Sl No	AppID	Roll No.	Name	Father's name	Address	Gender	Caste / PH	EC	District	Place of Posting
[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]	[I]	[J]	[K]
13.	479158	412552	TAMAL KANTI GHOSH	PARIMAL KANTI GHOSH	VILLAGE- BAGNA, POST OFFICE- GAIGHATA, NORTH 24 PARGANAS, 743249 WEST BENGAL	M	UR		South 24 Parganas	Sarsuna BPHC at Mahestala
14.	491878	412023	KARTICK CHANDRA NAYEK	SATISH CHANDRA NAYEK	VILL-BALI HATKHOILA. DIST- PS-GOSABA. SOUTH 24PARGANAS.WE, PS-GOSABA, SOUTH 24 PARGANAS, 743370 WEST BENGAL	M	ST		Hooghly	Hooghly DH
15.	434296	291530	IMDADUL HAQUE BISWAS	BENIAMIN BISWAS	PO- TAKIPUR , PS- REJINAGAR, TAKIPUR, MURSHIDABAD, WEST BENGAL 742189	M	OBC-A		Uttar Dinajpur	Kaliaganj SGH
16.	490454	413503	MINU KUNDU	SWAPAN KUNDU	RAMPUR, PO-(M)GOBINDAPUR, PS-MAHESHITALA, B.B.T ROAD., SAME AS ABOVE, KOLKATA, 700141 WEST BENGAL	F	UR		Purba Medinipur	Anantapur RH at Patashpr-II
17.	434681	293423	SHIVA PRASAD D P	PRAKASH G	#79, PEOPLES TRUST, SRIRAMANAHALLI, ARAKERE POST, BANGALORE NORTH, KARNATAKA 562163	M	UR		Murshidabad	Gonara BPHC at Patashpr-II
18.	444786	292489	DR. ARKA PRABHA SHEE	ARABINDA SHEE	SWARNAKAR PARA NEAR KALIBARI, VILL-BARANDALA, P.O-KANPUR, DIST-BARDHAMAN, WEST BENGAL 713422	M	OBC-B		Murshidabad	Kandi SDH
19.	439903	292232	ANIRBAN ROY	AMRITA ROY	NAZRUL ABAS, BCKV, MOHANPUR, NADIA, WEST BENGAL 741252	M	OBC-B		Murshidabad	Mahishil RH at Sati-II
20.	443511	291415	PEMBA HISSAY BHUTIA	LATE GOLAY WANGDI BHUTIA	PH.D BOYS HOSTEL C4 QUATER, BCKV MOHANPUR, NADIA, WEST BENGAL 741252	M	ST		Coochbehar	Halidbari RH
21.	437439	290454	SUGNIK DAS	PRAHLAD DAS	RLY QR. NO-1301 A, D.S.COLONY, P.O-ALIPURDUAR JUNCTION, ALIPURDUAR, WEST BENGAL 741235	M	SC		Darjeeling	Darjeeling DH

12. The CMOHs are requested to send the list of the Food Safety Officers, who have joined on temporary basis, to the Commissioner of Food Safety and Additional Secretary to the Govt. of West Bengal, Department of Health & Family Welfare [email: efswb16@gmail.com], positively, as well as to the Joint Commissioner of Food Safety [icfswestbengal16@gmail.com] immediately on the joining of each candidate.

13. Annexed is the Blank Format for PVR & 'Disclosure of Interest format'.
14. All concerned are being informed.


By Order of the Governor


(Tapun Kanti Rudra)
Commissioner of Food Safety and Addl. Secretary
to the Government of West Bengal

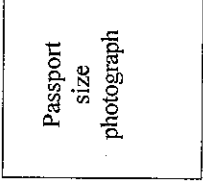
No. 95/1(108)/HF/CFS/2A-55/2018 Dated, Kolkata the 5th March, 2019

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

1. Chief Executive Officer, Food Safety & Standards Authority of India, FDA Bhawan, Korla Road, New Delhi – 110002
2. Principal Accountant General (A & E), West Bengal.
3. Accountant General (A & E), West Bengal.
4. Accountant General (Local Bodies, Audit), West Bengal, CGO Complex, Salt Lake City, Kolkata-700064.
5. Director of Health Services & Ex- Officio Secretary, Government of West Bengal.
6. Director of Medical Education & Ex-Officio Secretary, West Bengal.
7. Joint Commissioner of Food Safety, West Bengal
8. Additional Director of Health Services (Admn/AA&V), West Bengal.
9. Assistant Director of Health Services (Accounts), West Bengal.
10. Pay & Accounts Officer, Kolkata Pay & Accounts Office—III, IB Market, Sector—III, Salt Lake City, Kolkata –700 091.
11. Special Secretary (GA), Swasthya Bhawan, Salt Lake, Kolkata – 700 091.
12. MSVP, Midnapore Medical College & Hospital with request to provide sitting arrangement & other ancillary requirement (e.g. Chair, Table, Almirah/Rack etc.)
- 13.-25. District Magistrate of the District, Birbhum/ North 24 Parganas/ Purba Medinipur/ Kalimpong/ Paschim Medinipur/ Bankura/ Purba Bardhaman/ South 24 Parganas/ Hooghly/ Uttar Dinajpur/ Murshidabad/ Coochbehar/ Darjeeling.
- 26.-38 Chief Medical Officer of Health of the District, Birbhum/ North 24 Parganas/ Purba Medinipur/ Kalimpong/ Paschim Medinipur/ Bankura/ Purba Bardhaman/ South 24 Parganas/ Hooghly/ Uttar Dinajpur/ Murshidabad/ Coochbehar/ Darjeeling.
- 39.-51. Dy. Chief Medical Officer of Health- II of the District, Birbhum/ North 24 Parganas/ Purba Medinipur/ Kalimpong/ Paschim Medinipur/ Bankura/ Purba Bardhaman/ South 24 Parganas/ Hooghly/ Uttar Dinajpur/ Murshidabad/ Coochbehar/ Darjeeling.
- 52.-72. Superintendent/ BMOH/ SGH/ SDH/ RH/ BPHC.....with request to provide sitting arrangement & other ancillary requirement (e.g. Chair, Table, Almirah/Rack etc.)
- 73.-85. Treasury Officer, Birbhum/ North 24 Parganas/ Purba Medinipur/ Kalimpong/ Paschim Medinipur/ Bankura/ Purba Bardhaman/ South 24 Parganas/ Hooghly/ Uttar Dinajpur/ Murshidabad/ Coochbehar/ Darjeeling.
86. Co-Ordinator I.T. Cell with a request to publish the order in the website along with the Annexures.
- 87.-107.(As detailed at Sl. No.....of Table-II above
108. Guard file/Office copy.


Joint Secretary (Food Safety)
to the Government of West Bengal

Police Verification Roll



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).
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)
(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]

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

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

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 two (1).....
(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 Signature of the candidate.....
Place

(Certificate to be signed by a gazetted officer)

Certified that I have known Shri/Shrimati..... son/daughter of Shri..... for the last years months 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.

DISCLOSURE OF INTEREST

IN ACCORDANCE WITH PROVISOR OF RULE 2.1.3(1) OF THE FOOD SAFETY AND STANDARDS RULES, 2011

I Mr./ Ms./ Mrs. _____
S/o/D/o Mr. _____
R/o _____

do hereby solemnly affirm and declare that I have no financial interest in the manufacture, import or sale of any article of food.

Dated: _____
Signature : _____
Name in Capital letters: _____
Address: _____
