



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
HEALTH SERVICES BRANCH
SWASTHYA BHAWAN, SECTOR-V, GN-29,
SALT LAKE CITY, KOLKATA-700 091

No. HF/O/HS/479

Dated, the 01st April, 2020

NOTICE

In order to strengthen the endeavor of the State Government to combat COVID-19 pandemic, medical professionals such as Doctors/ Nurses/ Paramedics or others, who are willing to render service at remuneration fixed by the State Government in COVID-19 related duties are requested to apply in attached proforma and submit the application through email **covid19volunteers.wb@gmail.com**

Additional Secretary
to the Government of West Bengal.

Proforma of application

(Applications without enclosures mentioned may not be accepted)

1. Name :
2. Residential Address :
3. Mobile No. :
4. Email ID :
5. Date of Birth :
6. Currently working at :
7. Field of Experience/ Expertise :
8. Educational Qualification :

Sl. No.	Educational Qualification (in chronological Order)	Passed from	Year of Passing

9. Preferred District/ Place of Duty:

Signature of Applicant

Name

Designation