



**GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
ADMINISTRATION BRANCH
SWASTHYA BHAWAN, SALT LAKE,
SECTOR-V, KOLKATA-700091**

NoHAD/4D-01-2017/A 1052

Dated, 01/02/2023

C I R C U L A R

In order to fill up the vacant posts of Administrative Officers in different districts under regional set up of Directorate of Health Services, W.B., all Head(s) of offices are requested to issue this CIRCULAR amongst the employees presently holding the post of Head Clerk/C.I./Head Asstt.-II/Head Asstt.-I or eqv., posts including U.D.A./U.D.C.(date of joining as U.D.A/U.D.C. on or before 31.12.2012) under their administrative control asking them to submit options for promotion to the post of Administrative Officer (Regional Offices) under (1) DY. CMOH-III, D./Dinajpur,(2) Dy. CMOH-III, Howrah , (3) CMOH Office, Kalimpong, (4) CMOH - Paschim Medinipur, (5) Dy. CMOH-III, Paschim Medinipur (6) Dy. CMOH-III, Purba Medinipur, (7) Dy. CMOH-III, Purulia & (8) Dy. CMOH-III,DFWB, Purba Burdwn.

Applications are invited only from willing candidates through prescribed Annexure-I & should be furnished along with the following documents of the concerned employee(s).

- 1) A.C.R.s in duplicate as per Annexure-II for the last 5 years i.e., 2017-18, 2018-19, 2019-20, 2020-21 & 2021-22 respectively.
- 2) Attendance appraisal report as per Annexure-III of 2019-20, 2020-21 & 2021-22.
- 3) Attested copy of receipt of Assets Declaration Statement as stood on 01.01.2022, 01.01.2023.
- 4) Attested copies of SC/ST Certificate, if any.

Applications with necessary documents to be furnished to the Establishment Section, Administration Branch (2nd Floor, Wing-B) under Addl. Director (Personnel), Directorate of Health Services, W.B., super scribing the envelop "Application for the Post of Administrative Officer (Regional)" within 15 days from the date of issue of this circular, positively either by post or in the drop box at the Ground floor, Swasthya Bhawan (11:00 A.M. to 04:00 P.M on working days only) or by Special Messenger.

No application will be considered in absence of wanted documents/service particulars and properly filled-up pro forma.

This should be widely circulated amongst the eligible employees.

Encl:- Annexures- I, II, III

**Director of Health Services
Govt. of West Bengal**

Cont. to page-2


NO.HAD/4D-01-2017/A 1052/1 (11)

Dated, 01/02/2023

Copy forwarded for information & necessary action to :-

- 1) The Additional/ Joint / Deputy/ Assistant Director of Health Services, W.B.,
- 2) The Principal of all Medical Colleges, _____
- 3) The Medical Superintendent-cum-Vice Principal, _____
- 4) The Director, _____
- 5) The Medical Superintendent, _____
- 6) The Surgeon Superintendent, _____
- 7) The Chief Medical Officer of Health, _____
- 8) The Secretary, _____
- 9) The Superintendent, _____
- 10) The _____

11) The In-Charge, I.T. Cell, Swasthya Bhawan, Salt Lake, Kol-91 for uploading in Health Website.


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

11/2/23

The Director of Health Services,
Govt. of West Bengal,
Swasthya Bhawan, Salt Lake,
Kolkata - 700 091.

Sub. : Application for the post of Administrative Officer (Regional).

Sir,

In response to your Circular HAD/4D-01-2017/ _____ dated _____, I beg to apply for promotion to the post of Administrative Officer (Regional Offices) under the Directorate of Health Services.

Details of my service particulars are given below for your kind consideration.

- 1) N A M E (BLOCK LETTERS) with Contact No. : _____
Ph. No. _____
- 2) Designation : _____
- 3) Qualification : _____
- 4) Present place of posting : _____
- 5) Date of Birth : _____
- 6) (a) Date of Appointment in the post of L.D.A./eqv. Allied post.(write specific allied post).
(b) Date of Confirmation to the post of L.D.A./eqv. Allied post. (write specific allied post). : _____
- 7) (a) Date of first Appointment and name of the Entry post. : _____
(b) Date of Confirmation in the Entry post. : _____
- 8) (a) Date of Promotion to the post of U.D.A./Eqv. allied post (write specific allied post). : _____
(b) Date of Promotion to the post of Head Clerk/HA/CI/HA-II/HA-I or eqv. posts; : _____
- 9) Whether belong to S.C./S.T./OBC Community (write S.C. or S.T./OBC specifically). : _____
- 10) Whether any vigilance case/court case/disciplinary action is taken earlier/is pending/under suspension etc. : _____

Date :

(Full Signature of the Applicant)

Certified that all the information furnished above are verified with the Service Book of the incumbent concerned and found correct. No vigilance case / court case / disciplinary proceeding is taken / is pending against the above named employee. (If yes, details are to be furnished).

Date :

(Full Signature of the _____
Controlling Officer
(with office seal)

GOVERNMENT OF WEST BENGAL
Directorate of Health Services
Under
Department of Health & Family Welfare

ANNUAL CONFIDENTIAL REPORT
YEAR 20..... 20.....

Name : Service : W. B. Clerical Service
Under Dte. of Health Services.
Rank/Post : Branch/Office :

(Record assessment with one of the following words **Very Good / Good / Average / Poor**)

- | | | |
|---|---|--|
| 1) Personality | : | |
| 2) Capacity for sustained work | : | |
| 3) Track & ability to work with others | : | |
| 4) Ability to control subordinates | : | |
| 5) Reliability in carrying out instruction | : | |
| 6) Initiative | : | |
| 7) Ability to state a case | : | |
| 8) Power of taking responsibility | : | |
| 9) Power to inspire confidence in general public | : | |
| 10) Devotion to duty | : | |
| 11) Knowledge of his work | : | |
| 12) Assessment of integrity (if anything adverse has come to your notice, please specify it also) | : | |

Vague and indeterminate comment relating to the integrity of the Officer should not be made. Adverse comment should be made only when the reporting Officer is reasonably satisfied and has reasons to believe that circumstances and facts justify the adverse comments made.

GENERAL REMARKS

(including a statement on the integrity, character, physical fitness and of any special qualification of the Officers not reported above.) Reporting Officer should give a full statement below particularly in the case when reporting on a Senior Officer.)

STATEMENT OF REPORTING OFFICER

Certified that the information above is a full and correct statement.

Rank :	Signature of Reporting Officer :
	Date & Seal :
Head of Department :	Signature :
(Institution/Office)	Date & Seal :

- N.B. 1) Please do not write in margin.
2) The Report on each Officer should be prepared in four copies of which two copies should be sent.

ATTENDANCE APPRAISAL

(In terms of Para-A of Finance (Audit) Deptt. Memo.No.9135-F dt. 10.9.02)

Report for the period from **01.04.20..... to 31.03.20.....**

- I. NAME OF THE EMPLOYEE (BLOCK LETTERS) : _____
- II. Department/Office : _____
- III. Designation/Post held : _____

Report on Attendance of the employee

(To be filled up by the Reporting Officer)

Total Marks : 25.

-
- 1) Total No. of Working days during the period under review. : _____
- 2) No. of days the incumbent was on leave : _____
- 3) No. of days of late attendance and early departure during the period under review. : _____
- 4) No. of days of unauthorized absence without leave : _____
- 5) No. of days deducted as leave due to late attendance/early departure. : _____
- 6) No. of days of effective attendance of the incumbent during the period under review (items 1 minus item 4 & 5). : _____
- 7) Percentage of late attendance of early departure as against the total no. of working days during the period under review (item-3 / item-1 %). : _____
- 8) Percentage of effective attendance as against the total no. of working days during the period of review (item- 6 / item-1%). : _____

MARKS OBTAINED :

(on the basis of the result of item-8 above)

Reporting Officer (with Office Seal)

Date :

Countersigning Officer (with Office Seal)

