



Government of West Bengal
Department of Health & Family Welfare
Swasthya Bhawan,
GN - 29, Sector - V, Salt Lake City, Kolkata - 700 091

Memo No. HFW-26099/90/2021/133

Date: 30-11-2021

NOTIFICATION SEEKING APPLICATION FOR TR 2021

The NEET-MDS-2021 qualified in-service Dental Surgeons of WBDS and WBDES cadre who have attended counseling and taken admission in the allotted subject in their respective Institutions and also eligible for TR as per the existing TR Rule, are hereby directed to apply in the prescribed proforma annexed herewith to the undersigned through proper channel in duplicate for getting TR for the year 2021.

All the necessary information are to be provided and the requisite documents are to be attached by the applicants alongwith the filled in application proforma. Providing in-correct or false information will lead to cancellation of TR and necessary disciplinary action may be initiated.

All the Principals/MSVPs/CMOHs are requested to take necessary steps for verification of the documents by the custodian of the Service Book and forwarding of such applications of the qualified and eligible Dental Surgeons under their administrative control within **15-12-2021**.

All concerned are hereby informed.

Director of Medical Education
West Bengal

30/11/21
Director of Health Services
West Bengal

Memo No. HFW-26099/90/2021/133

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Copy forwarded for information and necessary action to the:

1. Special Secretary (Dental), Dept. of H&FW, Govt. of West Bengal.
2. Principal/MSVP of all Medical & Dental Colleges.
3. Deputy Secretary (Dental), Dept. of H&FW, Govt. of West Bengal.
4. Deputy Director of Health Services (Admin), Dept. of H&FW, Govt. of West Bengal.
5. Assistant Director of Health Services (Dental), Dept. of H&FW, Govt. of West Bengal.
6. CMOHs of all the Districts including Health Districts.
7. In charge, IT Cell for publication in the Health Website.
8. Office Copy

Director of Medical Education
West Bengal

30/11/21
Director of Health Services
West Bengal

PROFORMA

1. Name of the applicant (in Block Letters):
2. a) Date of Birth: (DD/MM/YYYY)/...../.....
 b) Age as on 31st March, 2021: (Years/Months/Days)/...../.....
3. Designation:
4. Present Place of Posting with name of block/sub-division & District:.....
5. Date of Joining in service (WBDS/WBDES):
 a) As Ad-hoc: (Attach Order Copy)/...../.....
 b) Date of Regularization of Service: (Attach Order Copy)/...../.....
 c) P.S.C/Direct Recruitment/WBHRB: (Attach Order Copy)/...../.....
6. Date of Confirmation of Service: (Attach Order Copy)
7. Particulars of Previous posting:

Sl. No.	Particulars of the Health Facility		Period	
	Name of the Health Facility	District	From	To
01.				
02.				
03.				

8. Period/Total length of service up to 31-03-2021:
9. Period of service rendered as rural/remote/difficult area (in completed years):.....Years
10. Educational Qualification:

Name of the Course	Session	Date of Admission	Date of publication of result
BDS			
Any other			

11. a) Whether placed on Trainee Reserve earlier (Yes/No):.....
 b) If yes, date of re-joining after completion of Trainee Reserve (Attach Order Copy):.....
12. a) Whether there is any break in service (details if any)
- b) Whether there is any period of unauthorized absence (details if any)
- c) Whether there is any Court Case pending against him/her:

13. Course in which admission is sought for:

Name of the Course	Session	Name of the Institution	Name of the University

14. Declaration by the incumbent:

I, Dr. hereby declare that the particulars mentioned above by me are true.

Date:

Signature of the Applicant

Mobile No.:

e-mail id:

Certificate of the Custodian of Service Book

Memo No.

Date:

Certified that the information and particulars furnished by the applicant are verified by the undersigned from his/her Service Book along with other office records and are found to be correct.

Details of adverse remarks found in the service Book (if any):

Forwarded and recommended for provisional TR for MDS Course in the year

Date:

**Signature & Seal
of the Custodian of Service Book**

Certificate of the Head of the Institute/District Controlling Authority

Memo No.

Date:

Forwarded and recommended to DHS/DME for grant of provisional TR for MDS Course in the year

Date:

**Signature & Seal
of the Head of the Institution/
District Controlling Authority**