



Government of West Bengal
Directorate of Health Services
Swasthya Bhavan,
GN- 29, Sector-V, Salt Lake City,
Kolkata - 700091
E-mail id : wbhealth.appointment@gmail.com

Memo No. 34-P/HFW-42011(17)/8/2022-ADMIN SEC(DHS) Dated, 18th January, 2023

NOTICE

Candidates [UR, PH(LD&CP) & PH(VC)] whose names have been recommended by the Public Service Commission, West Bengal for appointment to the post of Lower Division Clerk under this Directorate (Regional) through the Clerkship Examination-2019 are hereby informed that a blank "Verification Roll" Form has been attached with the instant notice. They are requested to download the same and submit two (2) sets of filled in VR forms (in original) along with all corroborating documents (self-attested photocopy) in a sealed envelope to this office at the above mentioned address from 24th January, 2023 to 3rd February, 2023, either by post or by hand at Personal Section, 2nd Floor, Wing 'A', Swasthya Bhavan (11:00 A.M. to 04:00 P.M working days only).

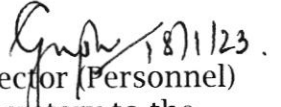
Candidates are requested to submit two self-attested photocopy of caste certificate along with the filled in V.R. Form.

Candidates already in Government service are requested to inform this office about his/her present designation and employer's name & address and submit photocopies of Marks sheet & Certificate of Madhyamik Examination or its equivalent, Caste Certificate, Aadhaar & Pan Card along with filled in V.R. form.

Non-Receipt of documents asked as above within 3rd February, 2023 will be treated as refusal to acceptance of offer of appointment as LDC (Regional).

All correspondences should be addressed to "Director of Health Services" with the caption "Appointment to the post of LDC (Regional) PSC Clerkship Examination-2019".

Encl : 1. A list of recommended candidates
2. Blank Verification Roll Form


Additional Director (Personnel)
& Special Secretary to the
Government of West Bengal

List of candidates recommended for appointment to the post of L.D.C. (Regional)
on the basis of the results of the Clerkship Examination, 2019

Sl. No.	Merit position	Roll No.	Name	Category	PWD	Recommended against vacancy
1.	4168	2106891	MOSTAKIN HOSSAIN			UR
2.	29429	0326788	DEBPROKASH MONDAL	SC	LDCP	SC(LD&CP)
3.	42085	0826144	HEMONTA MALIK	SC	LDCP	SC(LD&CP)
4.	44258	1943377	SUSHANKAR MANDAL		VC	PH(LV)
5.	44375	1228607	BIKASH MAHATA		VC	PH(LV)
6.	44591	0745698	RABIN BISWAS	SC	VC	PH(LV)
7.	44597	1943345	SATYAJIT GHOSH	OBC-B	VC	PH(LV)
8.	44600	0745709	MANOJ SAHANI	SC	VC	PH(LV)
9.	45097	0236546	AMIT SAHA	SC	VC	PH(LV)
10.	45310	0326686	RUMPA MONDAL	SC	LDCP	SC(LD&CP)
11.	45321	0745748	SUMAN MAJUMDAR		VC	PH(LV)


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POLICE VERIFICATION ROLL

Affix your recent
Photograph here
(Size 3.5cmX 2.5
cm)
SELF ATTESTED

1. Name in full (in block capital) with aliases, if any [Please indicate if you have added or dropped, at any stage, any part of your name or surname]	Surname	Name
2. Name of the Post /the service applied for and Name of the office	Directorate of Health Services, Govt. of West Bengal	
3. Present address in full (i.e. Village, Thana, Post Office and District or House number, Lane/ Street & Road PIN)		
4(a). Home address in full (i.e. Village, Thana, Post Office and District House number, Lane/Street & Road PIN), Contact No. & Mail id		
4(b). If originally a resident of Pakistan, Bangladesh, Nepal or any other country the address in that Dominion & date of Migration to Indian Union		
5. Particulars of place where you have resided for more than one year during the preceding five years:		
From	To	Residential addresses in full (i.e. Village, Thana, Post office & District or House Number, Lane/Street & Road. PIN)
YEAR		
6. (a) Father's name in full with aliases a)		
(b) Present postal address (if dead, give last address) b)		
(c) Permanent home address c)		
(d) Profession d)		
(e) If in service, give designation & official address e)		
7.i) Nationality of		
a) Father : a)		
b) Mother : b)		
c) Husband : c)		
d) Wife : d)		
ii) Place of birth of		
a) Husband (Name.....). a)		
b) Wife : b)		
8.a) Exact Date of Birth [To be supported by Birth Registration Certificate/Admit Card of WBBSE /any other recognized Board] a)		
b) Present age b)		
c) Age of Matriculation/School Final/Madhyamik c)		
9.a) Place of Birth District & State in which it is situated a)		
b) District & State to which you belong b)		

(overleaf)

10. a) State your religion

a)

b) Are you a member of a Schedule Caste/
Schedule Tribe/OBC? If the Answer is 'YES'

b)

State the name thereof [Copy of Certificate to be attached]

11. Educational qualification showing places of education with years in Schools & College:

Name of School/College with full address	Date/Yr.of entry	Date/Yr. of leaving	Exam. Passed

12. If you have at any time been employed, give details :

Designation of post held or description of work	Period		Full address of the Office/Firm or Institution & reasons for leaving previous service
	From	To	

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 particulars of the case should be given.

14. Name of two responsible persons of your locality or two references to whom you are known:

- 1.-----
- 2.-----

I do certify that the foregoing information is correct and complete to the best of my knowledge and belief I am not aware of any circumstances which might impair my fitness for employment under Government, I understand that submission of false information will make me ineligible for employment.

.....
(Signature of the Candidate)

Date

Place

(Certificate to be signed by a Gazetted Officer or Member of Legislature Assembly or other authority prescribed by the appointing authority)

Certified that I have known Sri/Smt.....
.....for the lastyears.....months and

that to be best of my knowledge and belief, the particulars furnished by him/her are correct.

Date

Signature.....

Place

Designation or Status and Address (Office Seal)

Date

Signature Designation of the Issuing Officer.....
and the Name of Office with full address

Place :Swasthya Bhavan
Salt Lake, Kolkata-700 091.