

Government of West Bengal
Department of Health and Family Welfare
Directorate of Health Services
Administration Branch
Wing-B, 2nd Floor, Swasthya Bhawan,
GN 29, Sector V, Salt Lake, Kolkata 700091

Memo. No. HPT/8M-74-16/ A 3652

Dated/05/2023

ORDER

The West Bengal Health Recruitment Board has recommended 01 (one) number of candidate in their list for recruitment in the post of Medical Technologist (Lab) Grade III, vide letter of the Secretary & Controller of Examinations, West Bengal Health Recruitment Board bearing No: 677/HFW-53026/53/2022-HRB SEC, dated 19.04.2023. Accordingly, this 01 (one) number of candidate, whose name is appearing in Column b of Annexure I is hereby appointed as Medical Technologist (Lab) Grade III on temporary basis under Directorate of Health Services, West Bengal and is posted at the Health facilities as shown against his name in Column i of Annexure I in the existing vacancies.

He will draw pay in the Pay Band Scale of Rs 7,100/- -37,600/- (Entry Pay Rs 7,440/-) of Pay Band -3 with Grade Pay of Rs 3,600/- under W.B.S. (ROPA) Rules-2009 (at Level 9 with Entry point Basic Pay at Rs 28,900/- under W.B.S. (ROPA) Rules-2019) plus other usual allowances as admissible under the existing Rules and orders of the Government issued from time to time.

2. The concerned Head of the Office should arrange for the Police verification of this Medical Technologist (Lab) within 30 days of joining and Medical Examination within 15 days of joining. He is also requested to verify all the related documents/ testimonials of the incumbent in support of : i. Interview call letter issued by WBHRB, ii. Photo identity and residence proof, iii. Age proof, iv. Verification of subjects in Higher Secondary Examination, v. Passing Diploma/Bachelor degree in Medical Laboratory Technology, vi. Caste & vii. PWD Certificate issued by Appropriate Authority, where applicable, before he is allowed to join.

3. The appointment of this Medical Technologist (Lab) is provisional subject to Medical fitness and satisfactory Police verification report and Document verification. In case of adverse Medical fitness report or Police verification report or Documents verification report received against the incumbent, the service of the concerned Medical Technologist (Lab) will be terminated immediately without any notice.

4. The Medical Technologist (Lab) is liable to be transferred to any health facilities in West Bengal in the exigencies of public service.

5. All the service conditions will be applicable to the appointed Medical Technologist (Lab) as per WBSR and subsequent amendment/ order issued from time to time.

6. **The candidate should join within 10 (ten) days from date of issuance of order in respect of his place of posting; otherwise the offer of appointment shall be treated as cancelled.**

7. The candidate should download the appointment letter from departmental website and report for duties to the Chief Medical Officer of Health of respective district or to the Principal/ Medical Superintendent Cum Vice Principal of the Medical College & Hospitals/ Teaching Hospitals or to the Superintendent of the Decentralized Hospitals first as the case may be.

8. No TA/ DA is admissible for joining.

9. The list of the Medical Technologist (Lab), who have joined, should be sent positively to the undersigned as well as to the Assistant Director of Health Services (Admin), West Bengal (adhs.adm@gmail.com) within 7 days from last date of joining by the concerned authorities in prescribed format placed at Annexure II.

10. The list of candidates for appointment to the post of Medical Technologist (Lab) is annexed.

11. All concerned are hereby informed.



Director of Health Services
West Bengal

Memo. No. HPT/8M-74-16/ A 3652/1 (15)

Dated ...10.../05/2023

Copy forwarded for kind information & necessary action please to:-

1. The Principal Accountant General (A&E), West Bengal, Treasury Building, Kolkata-700001,
2. The Chairman, West Bengal Health Recruitment Board,
3. The Director of Medical Education Services, West Bengal,
4. The Sr. Special Secretary (HS) to Govt. of West Bengal,
5. The Commissioner (GA) to Govt. of West Bengal,
6. The Addl. Director of Health Services (AAV), West Bengal
7. The Deputy Secretary (MA), Govt. of west Bengal,
8. The Dy DHS (Admin), Swasthya Bhawan,
9. The ADHS (Cadre), Swasthya Bhawan,
10. The CMOH, Dakshin Dinajpur,
11. The BMOH, Kushmandi RH, Dakshin Dinajpur,
12. The Treasury Officer, Sub Division/ District
13. The PA to the Principal Secretary/Secretary (MS)/ Secretary (PHP) of this department,
14. Sri
15. The System Co-ordinator, IT Cell with request for posting of a copy of this order in departmental Website


10.5.23
ADHS(Admin)
West Bengal

Memo No: HPT/8M-74-16/A 3652

Dated

...10/05/2023

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Sl. No.	Name of the Candidate	Name of Father	Address	Date of Birth	Gender	Caste	Category	Place of posting	
								Name of the Health Facility	District
a	b	c	d	e	f	g	h	i	
1	Sourav Roy Chowdhury	Primal Roy Chowdhury	Dogachia, Gayeshpur, PO. Gayeshpur, Pin-741234, Nadia, W.B.	28.06.1991	Male	Gen	UR	Kushmandi RH	Dakshin Dinajpur

10.5.23
ADHS (Admin), West Bengal

[Signature]
Director of Health Services, West Bengal

POLICE VERIFICATION ROLL

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

		Surname	Name
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]			
2. Name of the Post /the service applied for and Name of the office			
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)			
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'
State the name thereof [Copy of Certificate to be attached]

b)

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 From	To	Full address of the Office/Firm or Institution & 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 particulars of the case should be given.

14. Name of two responsible persons of your locality or two reference 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