

**GOVERNMENT OF WEST BENGAL  
DIRECTORATE OF HEALTH SERVICES  
SWASTHYA BHAWAN, BLOCK-GN 29, SECTOR-V,  
SALT LAKE CITY, KOLKATA-700 091**

Memo. No. HFW-25099/86/2022-MA SEC/A 4107

Dated - 04/08/2022

**CIRCULAR**

The All India Institute of Hygiene & Public Health, Kolkata, Coordinates NHM sponsored one year course in Post Graduate Diploma in Public Health Management [PGDPHM] aimed at capacity development of Mid-level Managers to address the gap in Public Health Managerial capacity among health professionals in the country. The course is supported by the Ministry of Health & Family Welfare, Govt. of India under National Health Mission @ Rs. 2.75 Lakh per candidate.

The eligibility criteria for the said course are as follows:

1. Regular employee under the Department of Health & Family Welfare, Government of West Bengal with at least five years of service as on 31<sup>st</sup> July 2022. Applicants should be MBBS/BDS/AYUSH graduates or should have passed B.Sc in Nursing.
2. Upper age limit is 50 years as on 31<sup>st</sup> July 2022.

The regular employee of this Department as mentioned above, who are interested to pursue the course for the session 2022-23 are requested to apply along with service particulars in the specified format [provided in the Annexure with this circular] duly filled up and authenticated by the custodian of the Service Book and countersigned by the Controlling authority with self attested photocopy of the relevant documents through proper channel maintaining the hierarchy, addressing to the Director of Health Services, West Bengal **within 10<sup>th</sup> August, 2022** positively.

**Only three candidates will be sponsored by the NHM during this year.** Mere fulfillment of the eligibility criteria does not entitle an applicant to be necessarily considered for the said course. Priority will be given to MBBS/BDS/AYUSH graduates and B.Sc Nursing candidates accordingly in order as given above. If the number of applicants in any particular category is more than the number of sponsored candidates, then service seniority and age of the candidate will be considered accordingly.

One set of the hard copy of application with service particulars in specified format along with other relevant documents is to be submitted at the Central Receiving Section of Swasthya Bhawan and the soft copy of the same set is to be submitted in a single pdf format [up to 20 MB] in the e-mail Id: [tr.noc.mert@gmail.com](mailto:tr.noc.mert@gmail.com) for further processing.

No application will be entertained which will be received at the Central Receiving Section of Swasthya Bhawan or through e-mail after 5 PM of 10<sup>th</sup> August, 2022.

All concerned are informed accordingly.

  
**Director of Health Services**

**Govt. of West Bengal**  
4/8/22

Memo. No. HFW-25099/86/2022-MA SEC/A4107/e (16)

Dated - 04/08/2022

Copy forwarded for information and necessary action to the:

01. Mission Director, NHM, Govt. of West Bengal
02. Director of Medical Education, Govt. of West Bengal
03. Senior Special Secretary (HS), Govt. of West Bengal
04. Director, AIIH&PH, Kolkata
05. Jt. Secretary (MA), Govt. of West Bengal
06. Joint Director (Nursing), Directorate of Health Services, Govt. of West Bengal
07. Principal/Director/MSVP, all Medical Colleges
08. DDHS (Admin), Directorate of Health Services, Govt. of West Bengal
09. ADHS (P&E), Directorate of Health Services, Govt. of West Bengal
10. ADHS (MERT), Directorate of Health Services, Govt. of West Bengal
11. CMOH, all districts including Health Districts
12. Superintendent, all DH/SDH/SGH/SSH/Decentralized Hospital
13. BMOH, all RH/BPHC
14. PA to the Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
15. System Coordinator, I.T Cell for web posting
16. Office Copy

*DM*  
04/8/2022  
**Deputy Director of Health Services**  
**MERT Branch**  
**Govt. of West Bengal**

*AM*  
4/8/22

**Prescribed format for service particulars of Regular candidates under various cadre of Department of Health & Family Welfare to be submitted along with application for PGDPHM course during 2022-2023 session at All India Institute of Hygiene & Public Health, Kolkata**

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- 1 Name of the applicant (in block letters):
- 2 Name of Father/Husband:
- 3 Gender:
- 4 Caste:
- 5 Present Designation:
- 6 Cadre:
- 7 Employee id:
- 8 Registration No. of WBMC/WBNC:
- 9 Date of Birth (DD/MM/YYYY):
- 10 Age as on 31-07-2022: \_\_\_\_\_ years \_\_\_\_\_ months
- 11 Contact No.
- 12 E-mail id:
- 13 Date of joining in service (attach G.O. copy in each case)

a) On regular appointment (DD/MM/YYYY): \_\_\_\_\_

Regular Appointment order Memo No. with Date	
Memo No.	Date:

b) On Adhoc appointment (DD/MM/YYYY): \_\_\_\_\_

Adhoc Appointment order Memo No. with Date	
Memo No.	Date:

b) Date of regularization of Adhoc appointment (DD/MM/YYYY): \_\_\_\_\_

Adhoc Appointment order Memo No. with Date	
Memo No.	Date:

**14 Present place of Posting:**

Name of the Health facility	Name of Block / Municipality	Name of the District	Date of Joining

**15 Particulars of Previous places of posting since joining in chronological order:**

Name of the Health facility	Name of Block / Municipality	Name of the District	From	To

**16 Service period:**

Total length of service period	Years	Months
Total period of service since joining up to 31-07-2022		

**17 Educational Qualifications:**

Name of the course	Discipline	Name of the University	Year of Admission	Year of passing
Graduation				
PG Diploma				
PG Degree				
Post Doctoral				

**18 Details of break in service period:**

Whether there is any break in the service period (Yes/No)	
If yes, give details:	

**19 Details of period of absence pending for regularization:**

Whether any period of absence pending for regularization (Yes/No)	
If yes, give details of period:	

**20 Details of Departmental Proceedings [DP]:**

Whether any Departmental Proceedings (DP) pending (Yes/No)	
If yes, give details of pending DP:	

**21 Details of Vigilance Case:**

Whether any Vigilance case pending (Yes/No)	
If yes, give details of pending case:	

**22 Details of Court Case:**

Whether any Court case pending (Yes/No)	
If yes, give details of Court case:	

I hereby declare that, the information furnished above in Sl. No. 1 to 22 are true and correct to the best of my knowledge and belief. If any of the above information are found to be incorrect or false or any information or particulars have been suppressed or omitted then my application/candidature is liable to be rejected/cancelled without any further notice.

Date:

\_\_\_\_\_  
Full signature of the candidate

Certified that the above information placed in Sl. No. 1 to 22 have been verified from Service Book/office records/other relevant documents of the concerned candidate and are found correct.

Date:

\_\_\_\_\_  
Signature of the Head of the Office  
and custodian of Service Book  
with Designation and Office seal

Date:

\_\_\_\_\_  
Countersigned by the Head of the Institution/  
Principal / CMOH with Designation and Office seal