## WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration NO: S/IL/14448 of 2002-2003

Swasthya Bhawan, 'B' Wing, 3rd Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

Tele Fax No:033-2357 7901/3636,e-mail-ed\_samity@wbhealth.gov.in

Memo No: H/SFWB/6A-02-2012/Pt-III/

Date: 19/06/2017

#### NOTICE

[Refer Recruitment Notice No SHFWS/2017/104 Dated 20/4/2017 for the position of Family Planning Counsellor under the National Health Mission]

The candidates, as per enclosed list, for the position of Family Planning Counsellor under the National Health Mission are hereby requested to bring their original testimonials as listed below, for verification purpose at the 2nd floor Conference Hall, NHM Building, Swasthya Bhawan Compound, Sector-V, Saltlake City, Kolkata-700091 as per date and time mentioned in the enclosed list. It is also directed to submit the self attested photocopies of all those documents in the order listed below, mentioning his/her online registration number and date in all the documents otherwise the application is liable to be cancelled. This is to further inform that candidates must be present at the time of verification and no third party will be allowed at the time of verification. No change of date and time will be entertained from this end.

## The candidates must bring undernoted original documents for verification:

- Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan
- Proof of Address (Passport or Voter ID Card or Ration Card).
- Age Proof Certificate ( Madhyamik or equivalent examination certificate/admit
- Caste Category Certificate (if any) issued before the last date of on-line application i.e. 5.5.17. In case of OBC candidates, category 'A' or 'B' must be mentioned specifically in the caste certificate otherwise the caste certificate will not be accepted.
- All marksheets (all years or semesters, as applicable) and course completion certificates from Secondary onwards.
- All the post essential qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining(DOJ) and Date of Leaving (DOL)/current date in case still continuing otherwise his/her experience will be treated as invalid. No offer of appointment /engagement will be treated
- In case of married female candidates Marriage registration certificate.
- Documents relating to Guardian's identity. (Guardian as mentioned in the online application)
- Print copy of the on-line application form.

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#### Candidates please note:

- 1. Verification of testimonials does not entitle the candidate to claim to appear in the further steps of the process of final selection.
- 2. In case of failure to produce any of the above mentioned original documents at the time of verification, his/her application is liable to be cancelled.
- 3. The decision of the Competent Authority regarding the engagement is final.

Executive Director
West Bengal State Health
& Family Welfare Samiti

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# ist of candidates called for <u>Original testimonials verification</u> for the post of <u>Family Planning</u> <u>Counsellor under RCH</u>

Recruitment Notice No.: SHFWS/2017/104, dated: 20/04/2017

### Venue: 2nd Floor, Conference Hall, NHM Building, Swasthya Bhawan Compound

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Executive Director W.B.S.H. & F.W.S