### 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: SHFWS/ESTD-869/2015 / 80/7

Date: 15-03, 2017

### NOTICE

[Refer Recruitment Notice No SHFWS/2015/68 Dated 08/10/2015 for the post of Urban Health Planning & Monitoring Manager under National Urban Health Mission]

The candidates listed below, for the post of Urban Health Planning & Monitoring Manager under National Urban Health Mission, are hereby requested to be present on 22nd March, 2017 at the Conference Hall, 2nd floor, NHM Building, Swasthya Bhawan Campus, Sector-V, Saltlake City, Kolkata-700091 for 4th phase verification of original testimonials as mentioned below.

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 under any circumstances. The candidates who fail to turn up as per enclosed programme, he/she shall not be considered for selection.

The candidate must bring undernoted original documents, along with one set of self attested photocopies of the same, for verification:

- 1. The original photo proof identity card of the candidate i.e. Passport, Pan Card, Voter-ID Card, AADHAAR Card (any one of this).
- 2. Proof of Address (Passport or Voter ID Card or AADHAAR Card).
- 3. All year-wise/semester-wise marksheets and certificates of essential educational qualification and professional qualification in original, completed before the last date of on-line application -16.11.15.
- 4. The caste certificate in original issued before the last date of on-line application 16.11.15 by the appropriate Government Authority. In case of OBC candidates, category 'A' must be mentioned specifically in the caste certificate otherwise the caste certificate will not be accepted.
- 5. Candidates claiming OBC-A shall submit an affidavit in original declaring that he/she is aware of the provision of "West Bengal backward classes (other than Schedule Castes and Schedule Tribes) (Reservation of Vacancies in Services and Posts) Act, 2012 (West Bengal Act XXXIX of 2012) and he/she shall not be excluded from the purview of OBC specified in Column 3 of Schedule II of the West Bengal backward classes (other than Schedule Castes and Schedule Tribes) (Reservation of Vacancies in Services and Posts) Act, 2012 (West Bengal Act XXXIX of 2012)". In case, any candidate fails to submit the above mentioned affidavit, he/she shall be treated as General category candidate. A standard format of the said affidavit is enclosed below.
- 6. Registration certificate of the Medical Council or Nursing Council (whichever applicable) received before the last date of on-line application – 16.11.15.
- 7. In case of married female candidates Marriage registration certificate.
- 8. Documents relating to Guardian's identity. (Guardian as mentioned in the online application).

Sanchamita Cahon

#### Notes:

- 1. Verification of testimonials does not entitle the candidate to claim to appear in the further steps of the process of final selection.
- 2. After successful verification of testimonials, valid candidates will be called for further steps of the process of final selection.
- 3. 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.
- 4. The decision of the Competent Authority regarding the engagement is final.

Executive Director, WB SH & FW Samiti

## st of candidates called for 4th phase original testimonials verification for the post of Urban Health Planning & Monitoring Manager under NUHM

Recruitment Notice No: SHFWS/2015/68, dated: 08/10/2015

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

Date: <u>22/03/2017</u>, Time: <u>11:00 A.M.</u>

Category: OBC-A

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Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl ID	Appl. ID	Anni In	Appl. ID	Appl. ID	Appl. ID	Appl. ID
42779	44135	44167	44706	45846	46078	46115	46703	49854	50292	Х	Х

Category: OBC-B

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Appl. ID	GI .laaA	Appl. ID	Appl. ID									
42695	43324	43659	43766	44587	46709	47305	47466	47536	48022		Х	

Category: UR

Appl. ID	. I 14% .	Appl. ID	Appl. ID	A LUE	Appl. ID						
42333	42872	43343	44269	45855	45891	45905	47090	47374	49112	49341	50551

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Executive Director, WBSH & FW Samiti

# BEFORE THE 1<sup>st</sup> Class JUDICIAL MAGISTRATE OR EXECUTIVE MAGISTRATE OR NOTARY PUBLIC

### <u>AFFIDAVIT</u>

,	, son / daughter / wife of
aged about	years, by religion by occupation
residing at Vill / Ci	ty, P.O, P.O, P.S
Dist and declare as folio	, Pin West Bengal, India, do hereby solemnly affirm
1. That I am a	citizen of India.
2. That I am th	e permanent resident at the aforesaid address.
3. That I am	belong to Other Backward Classes, Sub Caste
community Other Backy	which is recognized as a Backward Class ( Category - A or B ) and I possess vard Class (Category A or B) certificate issued by the competent authority vide o
West Benga	e excluded from the purview of OBC specified in column 3 of schedule II of the all Backward Classes (other than schedule castes and schedule Tribes) of vacancies in services and Posts) Act, 2012 (West Bengal Act XXXIX of 2012).
5. That the afo	resaid statements are true to the best of my knowledge and belief.
dentified by me,	
·	Signature of the DEPONENT with date