

# WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

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

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

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Memo No: SHFWS/ESTD-748/2014/ 5690

Date: 22.01.2015

## NOTICE

[Refer Notice SHFWS/20A dated 24/12/2013 for the post of Pharmacist under RBSK]

The candidates, as mentioned below, for the post of **Pharmacist under RBSK**, are hereby requested to bring their **original testimonials** as listed below for **verification on 3-02-2015** at the **Human Resource Cell, 1st floor, GTZ Building, Swasthya Bhawan Compound, Sector-V, Saltlake, Kolkata-700091**. It is also directed to submit the **self attested photocopies** of all those documents in the order listed below, mentioning his online registration no and date in all the documents otherwise his/her application is liable to be cancelled. This is to further inform that candidates must present himself 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.

### Category: PWD

Reg ID	Date	Time
22656	3-02-2015	12 noon
20432	3-02-2015	12 noon
18984	3-02-2015	12 noon
17371	3-02-2015	12 noon

The candidates must bring undernoted documents for verification:


- Photo proof identity card (Passport or Voter ID Card or ADHAR Card or Pan Card).
- Permanent resident Proof of West Bengal (Passport or Voter ID Card or ADHAR Card or Ration Card).
- Age Proof Certificate (Madhyamik or equivalent examination certificate)
- The Candidates must produce a certificate issued by Competent Authority as mentioned in "The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995" read with rules "The West Bengal Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1999".
- Registration Certificate issued by **West Bengal Pharmacy Council** before the **last date of on-line application**.
- Registration Certificate issued by **West Bengal Pharmacy Council** before **17.1.14, the last date of submission of on-line application**.
- Copy of Last renewal issued by **West Bengal Pharmacy Council**.
- All marksheets and certificates starting from Secondary onwards



- Documents relating to Guardian's identity. ( Guardian as mentioned in the online application)

**Notes:**

1. Verification of testimonials does not entitle the candidate to claim selection.
2. After successful verification of testimonials, selection of candidates shall be made according to merit.
3. The decision of the Competent Authority regarding the engagement is final.

  
**Executive Director**  
**West Bengal State Health**  
**& Family Welfare Samiti**