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

Memo No:SLS/07-2013/

Date:

#### NOTICE

[Refer Recruitment Notice No SHFWS/57 Dated 04/06/2015 for the post of District Leprosy Consultant under National Leprosy Eradication Programme]

The candidates, as per enclosed list, for the post of District Leprosy Consultant under National Leprosy Eradication Programme, are hereby requested to bring their original testimonials as listed below for verification at the 1st Floor Conference Hall, Swasthya Bhawan, Sector-V, Saltlake, Kolkata-700091, on 5<sup>th</sup> August, 2015 at 10.30 a.m. 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

The testimonial verification will be followed by Computer Test and Interview on the same

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

- Photo proof identity card (Passport or Voter ID Card or ADHAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or ADHAR Card or Ration Card).
- Age Proof Certificate (Madhyamik or equivalent examination certificate/admit card)
- Caste Category Certificate issued before the closing date of on-line application (i.e 26.6.15). In case of OBC candidates, category 'A' or 'B' must be mentioned specifically in the caste certificate. Otherwise the candidate will be treated as General category candidate.
- Candidates having SC, ST and OBC certificates of Other states will be regarded as General candidates as per State Govt. norms
- Candidates claiming OBC-A/B 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.
- All marksheets and pass certificates from secondary onwards.

- Internship completion certificate.
- Registration certificate
- Experience will be calculated after obtaining the required qualification for the above mentioned post, till the last date of online application.
- Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining (DOJ) and Date of Leaving (DOL) otherwise his/her experience will be treated as invalid. No appointment letter will be treated as experience certificate.
- Marriage registration certificates for female applicants only.

#### Notes:

- 1. Verification of testimonials does not entitle the candidate to claim selection.
- 2. The decision of the Competent Authority regarding the engagement is final.

Executive Director
West Bengal State Health
& Family Welfare Samiti

## List of candidates called for Original Testimonials Verification, Computer Test & Interview for the post of <u>District Leprosy Consultant</u> under <u>NLEP</u>

Recruitment Notice No: SHFWS/57, dt: 04/06/2015

### Date of verification, Computer Test & Interview: 5th-August-2015, Wednesday

Venue: 1st Floor Conference Hall, A wing, Swasthya Bhavan

Category: SC				
SI.	Online App. ID	Reporting Time		
1	40569	10:30 A.M.		
2	40667	10:30 A.M.		
3	40719	10:30 A.M.		

Category: OBCA				
SI.	Online App. ID	Reporting Time		
1	40572	10:30 A.M.		
2	40585	10:30 A.M.		
3	40605	10:30 A.M.		

	Category: OBCB				
SI.	Online App. ID	Reporting Time			
1	40583	10:30 A.M.			
2	40588	10:30 A.M.			
3	40592	10:30 A.M.			
4	40615	10:30 A.M.			
5	40620	10:30 A.M.			
6	40670	10:30 A.M.			
7	40691	10:30 A.M.			

Executive Director WBSH & FWS

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

#### <u>AFFIDAVIT</u>

l,, son / daughter / wife of
aged about years, by religion, by occupation
residing at Vill / City, P.O, P.O, P.S
Dist, West Bengal, India, do hereby solemnly affirm
and declare as follows :-
1. That I am a citizen of India.
2. That I am the permanent resident at the aforesaid address.
3. That I am belong to Other Backward Classes, Sub Caste
community which is recognized as a Backward Class ( Category - 'A or B ) and I possess
Other Backward Class (Category A or B) certificate issued by the competent authority vide
certificate nodtdt
4. I 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).
5. That the aforesaid statements are true to the best of my knowledge and belief.
dentified by me,
Signature of the DEPONENT with date