

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

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Memo No:HPH/NPPCD/02/2015 | 6107

Date: 18.06.2015

NOTICE

[Refer Recruitment Notice No SHFWS/49 Dated 2/04/2015 for the post of Programme Assistant under Deafness Control Programme]

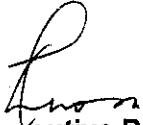
The candidates, as per enclosed list, for the post of Programme Assistant under Deafness Control Programme are hereby requested to bring their **original testimonials** as listed below for verification at the **2nd Floor Conference Hall, NHM Building Swasthya Bhawan Compound, Sector-V, Saltlake, Kolkata-700091 on 30th June,2015 at 11am**. 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 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)
- All marksheets and pass certificates starting from Secondary onwards.
- All the post 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) otherwise his/her experience will be treated as invalid. No appointment letter will be treated as experience certificate.
- Marriage 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 for the post of
PROGRAMME ASSISTANT under DEAFNESS CONTROL PROGRAMME**

Recruitment Notice No: SHFWS/49, dated: 02/04/2015

**Venue: CONFERENCE HALL, NHM BUILDING, 2ND FLOOR, SWASTHYA BHAVAN
COMPOUND**

App Id	Verification Date	Time
38570	30/06/2015	11:00 A.M.
38585	30/06/2015	11:00 A.M.
38586	30/06/2015	11:00 A.M.
38588	30/06/2015	11:00 A.M.
38591	30/06/2015	11:00 A.M.
38595	30/06/2015	11:00 A.M.
38596	30/06/2015	11:00 A.M.
38598	30/06/2015	11:00 A.M.
38599	30/06/2015	11:00 A.M.
38600	30/06/2015	11:00 A.M.

App Id	Verification Date	Time
38604	30/06/2015	11:00 A.M.
38606	30/06/2015	11:00 A.M.
38607	30/06/2015	11:00 A.M.
38608	30/06/2015	11:00 A.M.
38610	30/06/2015	11:00 A.M.
38620	30/06/2015	11:00 A.M.
38622	30/06/2015	11:00 A.M.
38623	30/06/2015	11:00 A.M.
38625	30/06/2015	11:00 A.M.
38628	30/06/2015	11:00 A.M.


Executive Director
WSH & FWS