

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: HTB/Recr-151/2013/ 5800

Date: 03.03.2015

NOTICE

[Refer Recruitment Notice No SHFWS/34 Dated 11/06/2014 for various posts under Revised National Tuberculosis Control Programme]

The candidates, as per enclosed list, for **various posts under Revised National Tuberculosis Control Programme**, are hereby requested to bring their **original testimonials** as listed below for **second phase verification** at the **Office Chamber of State Tuberculosis Officer, A wing, 2nd Floor, Swasthya Bhawan, Sector-V, Saltlake, Kolkata-700091** on **17th March, 2015 at 11.30 am**. 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 candidate 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 (if any). **In case of OBC candidates' category 'A' or 'B' must be mentioned specifically in the caste certificate.**
- Marksheets and Certificates of higher secondary onwards.
- All the 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.**
- **In case of female married candidates – Marriage registration certificate.**


**Executive Director,
WB SH & FW Samiti**

LIST OF CANDIDATES CALLED FOR 2ND PHASE ORIGINAL TESTIMONIALS VERIFICATION FOR THE POST OF 1) TB -HIV CO-ORDINATOR - RNTCP

Date : 17/03/2015

Reporting Time : 11-30 AM

**Venue : Office Chamber of STO, A-wing, 2nd Floor, Swasthya
Bhawan, Kolkata- 700091.**

SL NO	Applicant ID	Name	SL NO	Applicant ID	Name
1	36037	Dr. PAPIA SEN	6	35937	Dr. IKBAL HOSSAIN GAZI
2	35969	Dr. IVY RAY	7	35936	Dr. RAHUL BISWAS
3	35908	Dr. SUBHENDU KUMAR RAY	8	35739	Dr. ABHINAV CHOUDHURY
4	35868	Dr. SOURAV NAIYA	9	35775	Dr. NEHA SIKDAR
5	35926	Dr. JAYANTA ROY	10	36070	Dr. PRIYANKA ROY

2) MEDICAL OFFICER, STC

SL NO	Applicant ID	Name	SL NO	Applicant ID	Name
1	35986	Dr. IVY RAY	6	35978	Dr. SUBHADIP PATRA
2	36064	Dr. KEYA CHAKRABARTI	7	35737	Dr. ABHINAV CHOUDHURY
3	35869	Dr. SOURAV NAIYA	8	35753	Dr. ABHISHEK MIDYA
4	35927	Dr. JAYANTA ROY	9	35820	Dr. PRANAB BANDYOPADHYAY
5	35892	Dr. RAHUL BISWAS	10	35992	Dr. ANANYA DEPAL

3) MEDICAL OFFICER, DTC

SL NO	Applicant ID	Name	SL NO	Applicant ID	Name
1	36056	Dr. PRANAB BANDYOPADHYAY	4	35674	Dr. ANIRBAN KUNDU
2	35722	Dr. ANIRBAN DUTTA	5	35896	Dr. ARNAB SINHA
3	35828	Dr. SOHINI MUKHERJEE	6	35980	Dr. PINAKI MITRA