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-819/2015/ 87千5

Date:

22/12/2017

NOTICE

The selected candidates, as per enclosed list, based on the process of recruitment as mentioned in the Notice SHFWS/2017/120 dated 10/11/2017 for the positions of Consultant (PPP-Radiology) and Consultant (PPP) under SPSRC, are hereby requested to be present for the original testimonial verification at HR Cell, 1st Floor, GTZ Building, Swasthya Bhawan Compound, Sector-V, Saltlake, Kolkata-700091, on 9th January, 2018 at 11 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.

Name of the Position	Date of verification	Appi. ID	Appl. ID				
Consultant (PPP- Radiology)	9.1.2018	87610	87774	87912	87971	88168	88196
Consultant (PPP)	9.1.2018	87695	87714	87816	88160	88170	Х

The candidates must bring undernoted original documents for verification:

- Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or Ration Card).
- Age Proof Certificate (Madhyamik or equivalent examination certificate/admit card)
- All marksheets (all years or semesters, as applicable) and course completion certificates of the mentioned essential qualification.
- Internship Certificate for the position of Consultant (PPP-Radiology).
- 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)/still continuing, as applicable otherwise his/her experience will be treated as invalid. No offer of appointment / engagement will be treated as experience certificate.
- Print copy of the on-line application form.
- Marriage certificates for female applicants only.

Executive Director
West Bengal State Health
& Family Welfare Samiti