

**Government of West Bengal**  
**Department of Health and Family Welfare**  
**Directorate of Health Services**  
**Administration Branch**  
**Wing-B, 2nd Floor, Swasthya Bhawan,**  
**GN 29, Sector V, Salt Lake, Kolkata 700091**

Memo. No. HFW-43011(11)/176/2021/A 4597

Dated 15/09/2021

**CIRCULAR**

It has been observed that Medical Officers of regular services under WBHS & WBPHAS Cadres are submitting applications before this Directorate on different issues without submitting their requisite service particulars and documents. Such incomplete applications are also being forwarded by the competent authorities without proper verification. As a result, this Directorate is facing difficulties for further processing of such applications resulting in delayed outcome of these applications.


In the above view, after thorough examination and review of the matter stated above, this Directorate has assembled all available proforma for application on different issues and list of documents to be submitted with the application for each of the issues, which is annexed herewith in "ENCLOSURE".

Accordingly, all regular Medical Officers under WBHS & WBPHAS Cadres are hereby instructed that, henceforth, they should submit Service particulars, duly filled up requisite proforma and documents, as enclosed herewith, along with their application for each issue before this Directorate through proper channel, maintaining the hierarchy. Unless such application accompanies service particulars, duly filled up requisite proforma and documents, it will not be considered for further processing.

The Principal/ Director/ MSVP/ CMOH/ Superintendent/ ACMOH/ BMOH of all Health facilities/ Institutions of this department are also requested, that henceforth, before forwarding applications on any kind of such issues from any regular Medical Officers of WBHS & WBPHAS Cadres under their control, it should be ensured that such application should compulsorily accompany the Service particulars, duly filled up concerned proforma and requisite documents of the concerned officers, properly verified and authenticated by the competent authorities.

They are also requested to ensure that before forwarding application of Medical Officers of above Cadres for awarding CAS benefits (for 8/16/25 years completed service) , the original ACR or Acknowledgement slip for submission of SAR, as the case may be, for the last 5 years prior to date of completion of 8/ 16/ 25 years of service, should accompany the application. In this regard, please refer also to the Govt. Circular bearing No. HF/O/HS/1785/HFW-43015(19)/9/2019-ADMIN, dated 16.12.2019 in connection with signing of ACR of MOs, by the Officer, who is the present custodian of Service Book of the MO.

All concerned are hereby informed.

  
15/9/21  
Director of Health Services  
West Bengal

Copy forwarded for information to:-

1. The Director of Medical Education, West Bengal,
2. The Secretary (HS) to Govt. of West Bengal,
3. The Addl. DHS (Admin), West Bengal,
4. The Addl. Director (Personnel), West Bengal,
5. The Principal/ Director, All Medical Colleges/ Teaching Institutions
6. The Jt Secretary (MA), West Bengal,
7. The ADHS (P&E), West Bengal,
8. The ADHS (Accounts), West Bengal,
9. The MSVP, All MCHs/ Teaching Institutions,
10. The CMOH, All Districts including Health Districts,
11. The DADHS (P&E), West Bengal,
12. The Superintendent, All DHs/ SDHs/ SGHs/ Decentralized Hospitals/ MSS Hospitals/ Other Hospitals/ Specialized Hospitals,
13. The BMOH, All RHs/ BPHCs,
14. The Sr PA to Secretary of this department,
15. The In-Charge, Pay Cell under Directorate of Health Services, West Bengal,
16. The In-Charge, Medical Establishment Cell under Directorate of Health Services, West Bengal,
17. The System Co-ordinator, IT Cell with request for posting of one copy of this circular in Dept. website

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15/9/21  
DDHS (Admin)  
West Bengal

**LIST OF DOCUMENTS AND PROFORMAS TO BE SUBMITTED BY MEDICAL OFFICERS OF WBHS/  
WBPHAS CADRE FOR SUBMISSION OF APPLICATION ON DIFFERENT ISSUES**

**A. APPLICATION:** - Application to be submitted in plain paper, preferably typed, mentioning full name of the applicant in block letter, cadre, present designation, present place of posting, contact no. and also clearly and specifically stating the issue , for which applied for, with justification/ ground of such application.

**B. DETAILED SERVICE PARTICULARS OF THE APPLICANT:-** Service particulars to be furnished as mentioned in '*Doctors Personal Details*' of "KNOW YOUR DOCTOR" or in *Prescribed Format* enclosed in **Annexure I**.

**C. OTHER REQUISITE DOCUMENTS:-**

**1. For confirmation of Service:-**

- i) Duly filled up Proforma enclosed in **Annexure II**
- ii) Photo copy of Appointment Order
- iii) Photo copy of Joining letter with acceptance from competent authority
- iv) Photo copy of receipt for Submission of Assets Declaration for last 3 years
- v) Photo copy of receipt for Submission of ACR/ SAR for first 3 years
- vi) Attested Photo copy of Page 02, 03 & 04 of Service Book of the applicant

**2. For resignation from Service:-**

- i) Duly filled up Proforma enclosed in **Annexure III**
- ii) Photo copy of order for confirmation of service
- iii) Photo copy of receipt for submission of Assets Declaration for last 3 years
- iv) Photo copy of documents in support of reasons, if any, for which resignation has been sought
- v) Attested Photo copy of Page 02, 03 & 04 of Service Book of the applicant

**3. For seeking permission for purchase of vehicle:-**

- i) Duly filled up Proforma enclosed in **Annexure IV**
- ii) Photo copy of receipt for submission of Assets Declaration for last 3 years
- iii) Photo copy of Current Pay Slip
- iv) Photo copy of Proforma Invoice
- v) Documents in support of source of finance for purchase of the vehicle
  - a. Current Bank Statement for Salary Saving
  - b. GPF/ PPF current Statement and Loan sanctioned order for GPF/ PPF Loan
  - c. Loan sanctioned order from Bank for Bank Loan
  - d. Declaration in Stamp Paper of relatives for loan from relatives
- vi) Attested Photo copy of Page 02, 03 & 04 of Service Book of the applicant

#### **4. For seeking permission for purchase/ sale of land/ house/ flat:-**

- i) Duly filled up Proforma enclosed in **Annexure V**
- ii) Photo copy of receipt for submission of Assets Declaration for last 3 years
- iii) Photo copy of Current Pay Slip
- iv) Photo copy of Valuation Certificate
- v) Photo copy of Agreement Deed
- vi) Documents in support of source of finance for purchase of the Property
  - a. Current Bank Statement for Salary Saving
  - b. GPF/ PPF current Statement and Loan sanctioned order for GPF/ PPF Loan
  - c. Loan sanctioned order from Bank for Bank Loan
  - d. Declaration in Stamp Paper of relatives for loan from relatives
  - e. Loan sanctioned order for House Building Loan
- vii) Attested Photo copy of Page 02, 03 & 04 of Service Book of the applicant

#### **5. For awarding benefit of CAS on completion of 8 years service:-**

- i) Duly filled up Proforma enclosed in **Annexure VI**
- ii) Photo copy of Appointment Letter
- iii) Photo copy of Joining letter with acceptance
- iv) Photo copy of regularisation of Adhoc service if initial appointment is on adhoc basis
- v) Photo copy of Service confirmation Order
- vi) Photo copy of receipt for submission of Assets Declaration for last 3 years
- vii) Photo copy of order in respect of sanctioning EOL, if any
- viii) Photo copy of order in respect of "Dies-non" or " Break-in-service", if any
- ix) Photo copy of order in respect of pending DP, if any
- x) Photo copy of receipt for submission of ACR/ SAR for last 5 years prior to date of completion of 8

N.B. The Original completed ACR or Acknowledgement slip for submission of SAR, as the case may be, for last 5 years prior to date of completion of 8 years regular service in respect of the applicant have to be submitted with the application (in sealed cover in case of ACR). The required ACR/ SAR should be initiated from the part of the applicant and to be submitted to the Reporting Officer who subsequently should complete the respective part and forward it to the Reviewing Officer, who thereafter should forward it to the Accepting Authority after completion of his/ her part. The Reporting Officer and Reviewing Officer should be aware regarding their responsibilities for completion of ACR/ SAR of the Applicant.

- xi) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

## **6. For awarding benefit of CAS on completion of 16 years service:-**

- i) Duly filled up Proforma enclosed in **Annexure VII**
- ii) Photo copy of Appointment Letter
- iii) Photo copy of Joining letter with acceptance
- iv) Photo copy of regularisation of Adhoc service if initial appointment is on adhoc basis
- v) Photo copy of Service confirmation Order
- vi) Photo copy of receipt for submission of Assets Declaration for last 3 years
- vii) Photo copy of order in respect of sanctioning EOL, if any
- viii) Photo copy of order in respect of "Dies-non" or " Break-in-service", if any
- ix) Photo copy of order in respect of pending DP, if any
- x) Photo copy of receipt for submission of ACR/ SAR for last 5 years prior to date of completion of N.B. The Original completed ACR or Acknowledgement slip for submission of SAR, as the case may be, for last 5 years prior to date of completion of 16 years regular service in respect of the applicant have to be submitted with the application (in sealed cover in case of ACR). The required ACR/ SAR should be initiated from the part of the applicant and to be submitted to the Reporting Officer who subsequently should complete the respective part and forward it to the Reviewing Officer, who thereafter should forward it to the Accepting Authority after completion of his/ her part. The Reporting Officer and Reviewing Officer should be aware regarding their responsibilities for completion of ACR/ SAR of the Applicant.
- xi) Photo copy of order of awarding benefit of CAS on completion of 8 years service
- xii) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

## **7. For awarding benefit of CAS on completion of 25 years service:-**

- i) Duly filled up Proforma enclosed in **Annexure VIII (a), VIII (b) & VIII (c)**
- ii) Photo copy of Service confirmation Order
- iii) Photo copy of receipt for submission of Assets Declaration for last 3 years
- iv) Photo copy of order in respect of sanctioning EOL, if any
- v) Photo copy of order in respect of "Dies-non" or " Break-in-service", if any
- vi) Photo copy of order in respect of pending DP, if any
- vii) Photo copy of receipt for submission of ACR/ SAR for last 5 years prior to date of completion of N.B. The Original completed ACR or Acknowledgement slip for submission of SAR, as the case may be, for last 5 years prior to date of completion of 25 years regular service in respect of the applicant have to be submitted with the application (in sealed cover in case of ACR). The required ACR/ SAR should be initiated from the part of the applicant and to be submitted to the Reporting Officer who subsequently should complete the respective part and forward it to the Reviewing Officer, who thereafter should forward it to the Accepting Authority after completion of his/ her part. The Reporting Officer and Reviewing Officer should be aware regarding their responsibilities for completion of ACR/ SAR of the Applicant.
- viii) Photo copy of order of awarding benefit of CAS on completion of 16 years service
- ix) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**8. For regularization of absent period in service:-**

- i) Duly filled up Proforma enclosed in **Annexure IX**
- ii) Photo copy of Resumption order
- iii) Photo copy of Joining letter with acceptance
- iv) Photo copy of documents in support of cause of absent
- v) Photo copy of Service confirmation Order
- vi) Leave Admisibility Report as on the date on which the incumbent lastly attended duties befor remaining absent from duties
- vii) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**9. For resumption of service:-**

- i) Duly filled up Proforma enclosed in **Annexure X**
- ii) Photo copy of Appointment order at the place from which the applicant remained absent from duties
- iii) Photo copy of Joining letter at the place from which the applicant remained absent from duties
- iv) Photo copy of documents in support of cause of absence, if any
- v) Photo copy of Service confirmation Order
- vi) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**10. For Declaration in connection with Foriegn Visit:-**

- i) Duly filled up Proforma enclosed in **Annexure XI**
- ii) Photo copy Identity Card
- iii) Photo copy PAN Card
- iv) Photo copy EPIC Card
- v) Photo copy Aadhar Card
- vi) Photocopy of initial Appointment letter
- vii) Photo copy of Service Confirmation order
- viii) Photo copy of Joining report at present place of posting
- ix) Photo copy of Passport
- x) Photo copy of reciept for submission of Assets Declaration for last 3 years
- xi) Photo copy of Up to Date Saving Statement of Bank Account
- xii) Photo copy of On Line Leave Application
- xiii) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant
- xiv) Consent of the Officer who will perform the duties of the applicant during his/ her period of leave granted for Foriegn visit
- xv) Certificate from the Controlling Authority/ Head of the Office stating " No other Medical Officer serving in the same Department of the Institution has applied for any kind of leave during the period for which the applicant sought permission for foriegn visit and thus hospital service will not be hampered if his/ her permission for foriegn visit is granted".

**11. For issue of NOC for Passport:-**

- i) Duly filled up Proforma enclosed in **Annexure XII**
- ii) Photo copy Identity Card
- iii) Photo copy PAN Card
- iv) Photo copy EPIC Card
- v) Photo copy Aadhar Card
- vi) Photocopy of initial Appointment letter
- vii) Photo copy of Service Confirmation order
- viii) Photo copy of posting order at present place of posting
- ix) Photo copy of Joining report at present place of posting
- x) Photo copy of Passport (For renewal of passport)
- xi) Photo copy of receipt for submission of Assets Declaration for last 3 years
- xii) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant
- xiii) 3 copies of recent Passport sized Photo
- xiv) Self Declaration regarding Nationality on Non Judicial Stamp Paper of Rs 10/- :

Proforma for Declaration : " I Dr....., Son/ Daughter/ Wife of  
....., presently posted as Medical Officer at  
....., presently reside at  
....., am hereby declare  
that I am citizen of India by birth.

Date

Full signature

**12. For Change of Surname :-**

- i) Duly filled up Proforma enclosed in **Annexure XIII**
- ii) Photo copy of Upgraded Registration Certificate of WBMC
- iii) Photo copy Identity Card (Aadhar/ PAN/ EPIC Card) having desired Surname change
- iv) Photo copy of Marriage Registration Certificate
- v) Affidavit from 1 st Class Magistrate in support of desired change in Surname
- vi) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**13. For Sanction of Study Leave :-**

- i) Duly filled up Proforma enclosed in **Annexure XIV**
- ii) Photo copy of initial Appointment order
- iii) Photo copy of initial Joining order
- iv) Photo copy of NOC for appearing in the Entrance Examination through which the applicant is selected to undergo further study
- v) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**14. For Submission of Technical Resignation :-**

- i) Duly filled up Proforma enclosed in **Annexure XV**
- ii) Photo copy of Appointment order of existing Cadre
- iii) Photo copy of Joining order of existing Cadre
- iv) Photo copy of Permission for appearing in interview for new post under new cadre obtained
- v) Photo copy of Appointment order in new Cadre
- vi) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant

**15. For Counting of Adhoc Service Period towards Pensionary benefit :-**

- i) Duly filled up Proforma enclosed in **Annexure XVI**
- ii) Photo copy of Adhoc Appointment order
- iii) Photo copy of Adhoc Joining order
- iv) Photo copy of order regarding extension Adhoc engagement time to time
- v) Photo copy of order for Regularisation of Adhoc service
- vi) Photo copy of Service Confirmation order
- vii) Attested Photo copy of pages 02, 03 & 04 of Service Book of Applicant
- viii) Scan copy of Service Book

**16. For joining as MO on TR :-**

- i) Duly filled up Proforma enclosed in **Annexure XVII**
- ii) Photo copy of Order in respect of placement on TR
- iii) Photo copy of Charge Handover Order
- iv) Photo copy of Release order
- v) Photo copy of execution of Bond for TR
- vi) Photo copy of Money Receipt for admission in Institution where allowed to undergo the course

**17. For joining as MO on Supy Duty :-**

- i) Duly filled up Proforma enclosed in **Annexure XVIII**
- ii) Photo copy of Order in respect of placement on TR
- iii) Photo Copy of Joining report on TR
- iv) Photo copy of Release order

**18. For Opt in from WBHS to WBPHAS :-**

- i) Duly filled up Proforma enclosed in **Annexure XIX**
- ii) Photo copy of Appointment order in existing Cadre
- iii) Photo copy of Joining order in existing Cadre
- iv) Photo copy Confirmation order

**19. For Opt out from WBPHAS to WBHS :-**

- i) Duly filled up Proforma enclosed in **Annexure XX**
- ii) Photo copy of Appointment order in existing Cadre
- iii) Photo copy of Joining order in existing Cadre
- iv) Photo copy Confirmation order

**20. For submission for Volunteer Retirement :-**

- i) Duly filled up Proforma enclosed in **Annexure XXI**
- ii) Photo copy of order for confirmation of service
- iii) Photo copy of receipt for submission of Assets Declaration for last 3 years
- iv) Attested photo copy of Page 02, 03 & 04 of Service Book of the incumbent
- v) Photo copy of documents, if any, in favour of cause on which VR sought

**PRESCRIBED FORMAT FOR SERVICE PARTICULARS OF REGULAR MEDICAL OFFICERS UNDER WBHS & WBPH&AS  
TO BE SUBMITTED ALONG WITH APPLICATION OF ANY KIND**

- 1 Name of the Medical Officer :  
(In Block letters)
- 2 Name of Father/ Husband :
- 3 Gender :
- 4 Present Designation:
- 5 Cadre : **WBHS/ WBPH&AS**
- 6 Employee ID:
- 7 Registration No of WBMC:
- 8 Present Place of posting:

Name of the Health Facility	Name of Block/ Municipality	District	Date of joining

- 9 Contact No:
- 10 Date of Birth (DD/MM/YYYY) :
- 11 Caste : **Gen/ SC/ST/OBC A/OBC B**
- 12 Permanant Address:

Village/ Town/ Street:	
P.O.:	P.S.:
District:	PIN:

- 13 Present Address:

Village/ Town/ Street:	
P.O.:	P.S.:
District:	PIN:

- 14 Date of Joining in Service :
  - a. On regular Appointment (DD/MM/YYYY) :

Regular Appointment order Memo No with Date:	
Memo No:	Date:

- b. On adhoc Appointment (DD/MM/YYYY):

Adhoc Appointment order Memo No with Date:	
Memo No:	Date:

- c. Date of Regularisation of Adhoc Appointment (DD/MM/YYYY):

Adhoc regularisation order Memo No with Date:	
Memo No:	Date:

- 15 Date of confirmation of service (DD/MM/YYYY):

Confirmation order Memo No with Date:	
Memo No:	Date:

Full signature of Medical Officer



Government of West Bengal  
Directorate of Health Services,  
Swasthya Bhawan, GN-29, Sector -V,  
Salt Lake, Kolkata-700091

**PROFORMA FOR APPLICATION FOR CONFIRMATION OF SERVICE**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Birth (DD-MM-YYYY)	
6	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
7	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
8	Whether any period of 'Dies-Non'/ Break in Service, (if yes details of)	
9	Whether any period of absence pending for regularisation	
10	Whether any Disciplinary Proceeding is pending till date (If yes, details of)	
11	Whether any Vigilance case pending till date, (If yes, details of)?	
12	Whether Police Verification Report completed	
13	Whether Medical Examination Report completed	
14	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
15	Whether ACR/ SAR for first 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

16	View of the Head of the Office (HOO) regarding application for confirmation	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health and Family Welfare

**PROFORMA FOR APPLICATION FOR RESIGNATION FROM SERVICE**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Present Scale of Pay/ Level of Pay in Pay Matrix	
6	Present Basic Pay	
7	Date of Birth (DD-MM-YYYY)	
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Whether Confirmed or not {If yes , then date of confirmation (DD-MM-YYYY) with G.O. No.}	
11	Date of formal notice for Resignation (DD-MM-YYYY)	
12	Date of Resignation asked for (DD-MM-YYYY)	
13	Total length of service on the proposed date of Resignation (YY-MM-DD)	
14	Whether any period of absence pending for regularisation till date( if yes, details of)	
15	Reason for Resignation (Attach Documents if any)	
16	Whether any Disciplinary Proceeding is pending till date (If yes, details of)	
17	Whether any Vigilance case pending till date, (If yes, details of)?	
18	Whether the incumbent is continuing his service till date ? (Yes/No)	
19	Whether any period of 'Dies-Non'/ Break in Service, (if yes details of)	
20	Whether the applicant is serving any Government Bond Obligation period (If yes, details of)	
21	Whether there are any dues to be recovered from incumbent or not (If yes, details of)	
22	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

23	View of the Head of the Office (HOO) regarding application for Resignation	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health and Family Welfare

**PROFORMA APPLICATION FOR SEEKING PERMISSION FOR PURCHASE OF VEHICLE**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Present Scale of Pay/ Level of Pay in Pay Matrix	
6	Present Basic Pay	Rs.
7	Date of Birth (DD-MM-YYYY)	
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Whether Confirmed or not {If yes , then date of confirmation (DD-MM-YYYY) with G.O. No.}	
11	Brief Description of the Vehicle for which permission for purchase sought	
(a)	Nature of Vehicle	
(b)	Name of Manufacturing Company of the Vehicle	
(c)	Model name of the Vehicle	
(d)	Total Value of Vehicle	
(e)	Name and Address of the Authorised Dealer	
(f)	Whether the Govt. Officer has any official Buisiness with the Dealer	
12	Source of Finance for purchase of the Vehicle for which permission for purchase sought	
(a)	From Salary Saving	
(b)	From GPF/PPF	
(c)	From Bank Loan/ Financial Investiment	
(d)	Loan from Relatives	
(e)	Other Sources (If any, specify)	
13	Purpose of purchasing the vehicle	
14	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

15	View of the Head of the Office (HOO) regarding application	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR SEEKING PERMISSION FOR PURCHASE/SALE OF FLAT/ LAND/ HOUSE**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Present Level of Pay in Pay Matrix	
6	Present Basic Pay: _____	Rs. _____
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Brief Description of the Property for which permission for purchase sought	
(a)	Nature of Property (Land/ Flat/ House)	
(b)	Whether Homesteads/ Shali	
(c)	Dag No :	Khatian No. :
	J.L. No	Mouza :
	P.S.:	District:
(d)	Total area of Property	
(e)	Total Value (cost) of Property	
12	Name and Address of the Vendor	
13	Whether the Govt. Officer has any official Buisness with the Vendor	
14	Whether any Agreement has been executed with tht proposed Vendor	
15	Source of Finance for purchase of the property for which permission for purchase sought	
(a)	From Salary Saving	
(b)	From GPF/PPF	
(c)	From Bank Loan/ Financial Investiment	
(d)	Loan from Relatives	
(e)	House Building Loan (Details thereof)	
(f)	Other Sources (If any, specify)	
16	Whether the Govt. Officer intends to purchase the property for bonafide residential purpose of him and/ or the members of the family	
17	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
18	Whether Valuation Certificate either from LA Collector of district/ Chairman, Municipality or Corporation/ Pradhan of Grampanchayet for village has been submitted	

Full Signature of Applicant with date

19	View of the Head of the Office (HOO) regarding application	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR AWARDING BENEFITS OF CAREER ADVANCEMENT SCHEME ON COMPLETION OF 8 YEARS REGULAR SERVICE**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Whether Practising or Non-Practising	
6	Present Scale of Pay/ Level of Pay in Pay Matrix	
7	Present Basic Pay	Rs.
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Whether any EOL granted during Service (If Yes, details of)	
12	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
13	Whether any period of absence pending for regularization (If yes, details of)	
14	Whether any Departmental Proceeding pending for completion (If yes, details of)	
15	Whether any Vigilance Case pending for completion: (If yes, details of)	
16	Date of completion of 8 years regular service (DD/MM/YYYY) :	
17	Scale of Pay / Level of Pay in Pay Matrix following date of completion of 8 years regular service	
18	Basic Pay following date of completion of 8 years regular service	Rs.
19	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
20	Whether ACR/ SAR for the last 5 (five) years prior to date of completion of 8 years regular service have been initiated and submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

21	View of the Head of the Office (HOO) regarding application for awarding benefit of CAS for completion of 8 years regular service	
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22	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct	
23	Certified that Original and Completed (Upto the level of HOO) ACR or Acknowledgement slip for submission of SAR, as the case may be, of the applicant for last 5 (five) years prior to date of completion of 8 years regular service of the applicant have been submitted (in sealed cover in case of ACR) with this application	

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR AWARDING BENEFITS OF CAREER ADVANCEMENT SCHEME ON COMPLETION OF  
16 YEARS REGULAR SERVICE**

Sl No	Items	Particulars
1	Name (In Block Letter)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Whether Practising or Non-Practising	
6	Present Level of Pay in Pay Matrix	
7	Present Basic Pay	Rs.
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Whether any EOL granted during Service (If Yes, details of)	
12	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
13	Whether any period of absence pending for regularization (If yes, details of)	
14	Whether any Departmental Proceeding pending for completion (If yes, details of)	
15	Whether any Vigilance Case pending for completion: (If yes, details of)	
16	Date of completion of 16 years regular service (DD/MM/YYYY) :	
17	Scale of Pay/ Level of Pay in Pay Matrix following date of completion of 16 years regular service	
18	Basic Pay following date of completion of 16 years regular service	Rs.
19	Date of effect of Benefit on CAS for 8 years completed service awarded previously	
20	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
21	Whether ACR/ SAR for the last 5 (five) years prior to date of completion of 16 years regular service have been initiated and submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

22	View of the Head of the Office (HOO) regarding application for awarding benefit of CAS for completion of 16 years regular service	
23	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct	
24	Certified that Original and Completed (Upto the level of HOO) ACR or Acknowledgement slip for submission of SAR, as the case may be, of the applicant for last 5 (five) years prior to date of completion of 16 years regular service of the applicant have been submitted (in sealed cover in case of ACR) with this application	

Signature of the Head of the Office (HOO) with seal

To  
 The Director of Health Services,  
 West Bengal,  
 Swasthya Bhawan, GN 29 Sector V,  
 Salt Lake, Kolkata 700091,

Subject: Movement to Pre-revised Scale No. 19 (25 years MCAS benefit)

Reference :- i) Finance Department's Memorandum No. 1058-F(P), dated 28.12.2012, issued  
 by the OSD & EO Joint Secretary to the Govt. of West Bengal  
 ii) Circular vide Memo No. HPT/32M-03-13/A 3527, dated 10th May, 2013

Sir,

I, beg to state that I, Dr .....  
 an Officer belonging to WBHS/WBPHAS Cadre, have completed 25 years of regular service on  
 the date of ..... and have been drawing Salary in the Pre-revised Pay Scale 18  
 since .....

I pray for consideration for movement to the Pre-revised Pay Scale 19 as  
 per provision of the Memorandum under reference ( i ) .

In this connection, I am furnishing some relevant service particulars along with  
 copies of orders for ready reference as under:-

1. Joining in Service
  - a) Ad-hoc:
  - b) PSC:
2. Date of confirmation of service:
3. Date of effect of CAS -II 16 years service (Scale 18) :
4. Date of completion of 25 years of regular service:
5. Scale of Pay and Basic Pay as on date of completion of 25 years of service:
6. Assets Declaration Receipts - Last 3 years:
7. Statement of Earned Leave availed :-  
 Five years Leave Statement prior to the date of effect of 25 years as per proforma
8. Duly filled up Proforma of sanction for Movement to Pre-revised Pay Scale 19

In anticipatiin of consideration of my prayer,

Yours faithfully

Full Signature  
 Name (In block letters)  
 Designation

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR SANCTION FOR MOVEMENT TO PRE-REVISED PAY SCALE 19 FOR WBPH&AS AND  
WBHS DOCTORS**

Sl No	Items	Response
1	Name (In Block Letter)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Whether Practising or Non-Practising	
6	Present Scale of Pay/ Level of Pay in Pay Matrix	
7	Present Basic Pay	Rs.
8	Date of Joining in the service (DD-MM-YYYY)	a. Through PSC
		b. Ad-hoc
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Date of effect of Benefit of CAS II on 16 years of completed service (Pre-revised Scale 18)	
12	Date of completion of 25 years regular service (DD/MM/YYYY) :	
13	Scale of Pay/ Level of Pay in Pay Matrix following date of completion of 25 years regular service	
14	Basic Pay following date of completion of 25 years regular service	Rs.
15	Promotion, if any, to Selection or Super Selection Grade with date	
16	Whether any EOL granted during Service (If Yes, details of)	
17	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
18	Whether any period of absence pending for regularization (If yes, details of)	
19	Whether any Departmental Proceeding pending for completion (If yes, details of)	
20	Whether any Vigilance Case pending for completion: (If yes, details of)	
21	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
22	Whether ACR/ SAR for the last 5 (five) years prior to date of completion of 25 years regular service have been initiated and submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

23	View of the Head of the Office (HOO) regarding application for awarding benefit of CAS for completion of 25 years regular service	
24	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct	
24	Certified that Original and Completed (Upto the level of HOO) ACR or Acknowledgement slip for submission of SAR, as the case may be, of the applicant for last 5 (five) years prior to date of completion of 25 years regular service of the applicant have been submitted (in sealed cover in case of ACR) with this application	

Signature of the Head of the Office (HOO) with seal

STATEMENT OF EARNED LEAVE AVAILABLE FOR THE PERIOD FROM 1ST APRIL ..... TO 31ST MARCH .....

Sl No	Period	Designation as of 1st April	Place of posting	Leave Availed (In days)
1	1st April ..... to 31st March.....			
2	1st April ..... to 31st March.....			
3	1st April ..... to 31st March.....			
4	1st April ..... to 31st March.....			
5	1st April ..... to 31st March.....			

Signature of the Controlling Officer with Designation and Office seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR REGULARISATION OF ABSENT PERIOD IN SERVICE**

SI No	Items	Particulars	
1	Name (In Block Letters)		
2	Designation		
3	Employee ID		
4	Present place of posting (Mentioning Name of Facility, Block/ Municipality and District)		
5	Present Scale of Pay/ Level of Pay in Pay Matrix		
6	Present Basic Pay	Rs.	
7	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)		
8	If Adhoc, then date of Regularisation (DD-MM-YYYY)		
9	Date of Confirmation of service (DD-MM-YYYY)		
10	Actual period of absence for which regularisation applied for mentioning specifically the date on and from which remained absent from duty and the date on which joined duty following resumption of service (If absent period in spells, application to be submitted seperately for each spell)	Absent from (DD/MM/YYYY)	
		Joined on (DD/MM/YYYY)	
		Total absent period	
11	Memo No. and Date of order for resumption of service	Memo No:	
		Date :	
12	Cause of such absence (attach supportive documents, if any)		
13	Whether any Departmental Proceeding pending for completion (If yes, details of)		
14	Whether any Vigilance Case pending for completion: (If yes, details of)		
15	Whether any period of "Dies-non" of Break in Service (If Yes, details of)		

Full Signature of Applicant with date

16	View of the Head of the Office (HOO) regarding application for regularisation of absent period	
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17	LEAVE ADMISSIBILITY REPORT (LAR) (As on the date on which the applicant lastly attended duties before remaining absent from duties) :	
	a. Earned Leave on credit as on .....	: ..... Days
	b. Half Pay Leave on credit as on .....	: ..... Days

18	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
----	--

Signature of the Head of the Office (HOO) with seal

**Government of West Bengal**  
**Department of Health & Family Welfare**

**PROFORMA FOR APPLICATION FOR RESUMPTION OF SERVICE AFTER REMAINING ABSENT FROM DUTIES**

Sl No	Items	Particulars		
1	Name (In Block Letters)			
2	Designation			
3	Employee ID			
4	Place of posting on the date on and from which the applicant remained absent(Mentioning Name of Facility, Block/ Municipality and District)			
5	Present Scale of Pay/ Level of Pay in Pay Matrix			
6	Present Basic Pay	Rs.		
7	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)			
8	If Adhoc, then date of Regularisation (DD-MM-YYYY)			
9	Date of Confirmation of service (DD-MM-YYYY)			
10	Date from which the applicant remained absent from duties (DD/MM/YYYY)			
11	Cause of such absence (in brief) (Attach supportive documents, if any)			
12	Whether resumption of service was allowed previously (If yes, mention Memo No & Date of resumption order)	Yes/ No	Memo No:	
			Date :	

Full Signature of Applicant with date

13	View of the Head of the Office (HOO) regarding application for regularisation of absent period	
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14	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

**Government of West Bengal,  
Department of Health & Family Welfare**

**PROFORMA FOR DECLARATION IN CONNECTION WITH FORIEGN VISIT**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Service of the the Officer/ Department	
3	Designation	
4	Employee ID	
5	Office to which attached (Full office Address & PIN Code) & Contact Number	
6	Present Scale/ Level of Pay in Pay Matrix	
7	Present Basic Pay	Rs.
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Name of the Country (s) to be visited	
12	Period of the proposed visit with dates	
13	Purpose of the visit	
14	Full Address of the communication on abroad	
15	Cost of Visit	
16	Nature of Visit (Official/ Private)	
17	Who will bear the cost of airface:	i) If self mention source:
	ii) If organization, details of	
	iii) If individual, state the name, nationality and relation with the officer	
18	Who will bear the cost of abroad and lodging and travel during visit	
	i) If self mention source:	
	ii) If organization, details of	
	iii) If individual, state the name, nationality and relation with the officer	
19	Whether the officer had undertaken any foriegn visit in last four years (If yes, details of)	
20	Whether the officer will accept foriegn hospitality during his/ her stay abroad, (If yes, details thereof)	
21	Whether the officer will accept foriegn employment/ profession during his/ her stay abroad, (If yes, details thereof)	
22	Whether the officer will undergo any foriegn training/ workshop/ seminar etc. during his/ her stay abroad, (If yes, details thereof)	
23	Whether the officer will accept any Scholarship/ Award etc. in connection with his/ her visit abroad, (If yes, details thereof)	
24	I undertake that	1. I shall not visit abroad unless I get permission from the Government, and
		2. I shall return and resume my official duty immediately after expiry of leave granted for the purpose

Full Signature of Applicant with date

25	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
----	--

Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR ISSUE OF NO OBJECTION CERTIFICATE FOR PASSPORT**

SI No	Items	Particulars
1	Name (In Block Letters)	
2	Father's Name	
3	Husband's Name (If applicable)	
4	Service of the the Officer/ Department	
5	Designation	
6	Employee ID	
7	Office to which attached (Full office Address & PIN Code) & Contact Number	
8	Present Scale/ Level of Pay in Pay Matrix	
9	Present Basic Pay	Rs.
10	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
11	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
12	Date of Confirmation of service (DD-MM-YYYY)	
13	Name of the Country (s) to be visited	
14	Purpose of Visit	
15	Expected period of the visit with dates	
16	Full Address of the communication on abroad	
17	Bearer of expense of visit	
18	Date of joining at present place of posting (DD/MM/YYYY)	
19	Memo No. & Date of order for posting at present place	Memo No.
		Date
20	Whether any Criminal Proceeding in respect of an offence alleged to have been committed by the applicant is pending before any Court of India (If yes, details of)	
21	Whether any Departmental Proceeding pending for completion (If yes, details of)	
22	Whether any Vigilance Case pending for completion: (If yes, details of)	
23	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	
24	No. of the Identity Card issued by the Department of Health & Family Welfare	
25	I do hereby declare that I will not take any kind of Training, Financial assignment or accept any sorts of assistance during period of stay abroad and all the statements made above are true to my knowledge and belief	

Full Signature of Applicant with date

26	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

**Government of West Bengal,  
Department of Health & Family Welfare**

**PROFORMA FOR APPLICATION FOR CHANGE OF SURNAME**

SI No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
6	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether Upgraded Registration Certificate of WBMC submitted	
9	Whether Marriage Registration Certificate has been submitted	
10	Whether Affidavit from 1st Class Judicial Magistrate in support of change of Surname has been submitted	
11	Whether Identity Proof (Aadhar Card/ PAN Card/ EPIC Card) in support of proposed change of Surname has been submitted	
12	Purpose of such proposed change (In brief)	

**Full Signature of Applicant with date**

13	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR SANCTION OF STUDY LEAVE**

SI No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
6	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether 5 years of continuous service completed on date of application	
9	Whether NOC for appearing in the Entrance Examination through which the applicant is selected to undergo further study has been submitted	
10	Whether any EOL granted during Service (If Yes, details of)	
11	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
12	Whether any period of absence pending for regularization (If yes, details of)	
13	Whether any Departmental Proceeding pending for completion (If yes, details of)	
14	Whether any Vigilance Case pending for completion: (If yes, details of)	

Full Signature of Applicant with date

15	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR TECHNICAL REGISTRATION**

SI No	Items	Particulars
1	Name (In Block Letters)	
2	Existing Cadre	
3	Designation	
4	Employee ID	
5	Office to which attached (Full office Address & PIN Code) & Contact Number	
6	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
7	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
8	Date of Confirmation of service (DD-MM-YYYY)	
9	Date of joining in existing Cadre (DD/MM/YYYY)	
10	Name of the Cadre for joining in which resignation has been submitted	
11	Memo No. and date Appointment order for new Cadre	Memo No.
		Date
12	Whether Permission for appearing in the Interview for selection in post under new Cadre has been obtained from competent authority	
13	Whether any EOL granted during present Service (If Yes, details of)	
14	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
15	Whether any period of absence pending for regularization (If yes, details of)	
16	Whether any Departmental Proceeding pending for completion (If yes, details of)	
17	Whether any Vigilance Case pending for completion: (If yes, details of)	

Full Signature of Applicant with date

18	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

**Government of West Bengal,  
Department of Health & Family Welfare**

**PROFORMA FOR APPLICATION FOR COUNTING OF ADHOC SERVICE TOWARDS PENSIONERY BENIFIT**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service on Adhoc basis (DD-MM-YYYY)	
6	Date of Regularisation of Adhoc service (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether any EOL granted during present Service (If Yes, details of)	
9	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
10	Whether any period of absence pending for regularization (If yes, details of)	
11	Whether any Departmental Proceeding pending for completion (If yes, details of)	
12	Whether any Vigilance Case pending for completion: (If yes, details of)	

Full Signature of Applicant with date

13	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal

**Government of West Bengal,  
Department of Health & Family Welfare  
PROFORMA FOR APPLICATION FOR JOINING AS MO ON TR**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (DD-MM-YYYY)	
6	Date of Confirmation of service (DD-MM-YYYY)	
7	Whether the Applicant has handed over the Charges of his present post	
8	Whether the applicant has been released from present place of posting to join as MO on TR	
9	Whether the applicant has executed the Bond for placement on TR	

Full Signature of Applicant with date

Government of West Bengal,  
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR JOINING AS MO ON SUPY DUTY**

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Contact No.	
5	Date of Joining in the service (DD-MM-YYYY)	
6	Date of Confirmation of service (DD-MM-YYYY)	
7	Date of Joining as MO TR (DD/MM/YYYY)	
8	Whether the applicant has been released from the Institution where he/ she underwent to pursue the PG course	
9	If yes, Date of release (DD/MM/YYYY)	
10	Name of the Course completed	
11	Name of the Institution where the course has been pursued	

Full Signature of Applicant with date

**Annexure II under Rule 3 of the West Bengal Public Health-cum-Administrative Service (Option) Rules , 2004**

Option Form to be filled up by an Officer who holds or has held a post connected with Public Health in the former West Bengal Health Service who is eligible under rule 2 (b) of the West Bengal Public Health-cum-Administrative Service (Option) Rules, 2004, and now elects to be absorbed and appointed in the West Bengal Public Health-cum-Administrative Service (to be submitted in triplicate).

To

- 1) The Principal Secretary to the Government of West Bengal and Secretary, Department of Health and Family Welfare, Government of West Bengal.
- 2) The Director of Health Services , Department of Health and Family Welfare, Government of West Bengal.

Sir,

I, Dr ....., now holding the post of ..... and presently posted at ..... of the West Bengal Health Service, do hereby opt for a post in the cadre of the West Bengal Public Health-cum-Administrative Service on terms and conditions as prescribed under the West Bengal Public Health-cum-Administrative Service (Option) Rules, 2004.

- 2) The option, hereby, exercised, is final and will not be modified or withdrawn at any subsequent date.

Date

Signature in full.....

Designation.....

**Annexure IV under Rule 4 of the West Bengal Public Health-cum-Administrative Service (Option) Rules , 2004**

Option Form to be filled up by an Officer who holds a post of the former Public Health-cum-Administrative Unit of the West Bengal Health Service and now elects to opt out for working as a member of the West Bengal Health Service (to be submitted in triplicate).

To

- 1) The Principal Secretary to the Government of West Bengal and Secretary, Department of Health and Family Welfare, Government of West Bengal.
- 2) The Director of Health Services, Department of Health and Family Welfare, Government of West Bengal.

Sir,

I, Dr ..... , now holding the post of ..... and presently posted at ..... in the former Public Health-cum-Administrative Unit of the West Bengal Health Service, do hereby opt for working in the West Bengal Health Service and not opting for the West Bengal Public Health-cum-Administrative Service on terms and conditions as prescribed under the West Bengal Public Health-cum-Administrative Service (Option) Rules, 2004.

2) The option, hereby, exercised, is final and will not be modified or withdrawn at any subsequent date.

Date

Signature in full.....

Designation.....

**Government of West Bengal,  
Department of Health and Family Welfare**

**PROFORMA FOR APPLICATION FOR VOLUNTEER RETIREMENT**

SI No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Present Scale of Pay/ Level of Pay in Pay Matrix	
6	Present Basic Pay	Rs.
7	Date of Birth (DD-MM-YYYY)	
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Whether Confirmed or not {If yes , then date of confirmation (DD-MM-YYYY) with G.O. No.}	
11	Normal date of Retirement	
12	Date of formal notice for V.R (DD-MM-YYYY)	
13	Date of V.R asked for (DD-MM-YYYY)	
14	Total length of service on the proposed date of V.R (YY-MM-DD)	
15	Whether service is continuous or not	
16	Reason for Voluntary Retirement (Attach Documents)	
17	Whether any Disciplinary Proceeding is pending till date (If yes, details of)	
18	Whether any Vigilance case pending till date, (If yes, details of)?	
19	Whether any period of 'Dies-Non'/ Break in Service, (if yes details of)	
20	Whether any period of absence pending for regularisation (If yes, details of)	
21	Whether there are any dues to be recovered from incumbent or not (If yes, details of)	
22	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached )	

Full Signature of Applicant with date

23	View of the Head of the Office (HOO) regarding application for VR	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal