

**GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
SWASTHYA BHAWAN
SALT LAKE, KOLKATA-91**

No. HPT/23T-02-2020/Part-IV/MERT- 2684,

Date: 27.01.2022

CIRCULAR

All Medical Officers of WBHS/ WBPHAS/WBMES who will apply for NOC-NEET PG-2021 / Trainee Reserve (TR) / any NOC/ Sponsorship for Higher Studies from the year 2021 onwards, are hereby directed to submit application in prescribed three page format through proper channel, addressing to The Director of Health Services, WB (for WBHS & WBPHAS candidates) / The Director of Medical Education, WB (for MES Candidates).

One hard copy of the prayer must be submitted at the Central Receiving Section of Swasthya Bhawan and one soft copy of the prayer to be submitted in PDF format to the e-mail id: **tr.noc.mert@gmail.com**, with all the enclosures and relevant documents as mentioned below maintaining serial order.

<u>For TR</u>		<u>For NOC</u>	
1)	Rank Card	1)	Advertisement document for the course
2)	Seat Allotment Certificate	2)	Separate NOC format (if any)
3)	Initial appointment GO	3)	Initial appointment GO
4)	Letter of joining in WBHS / WBPHAS	4)	Letter of joining in WBHS/ WBPHAS
5)	Confirmation letter (if any)	5)	Confirmation letter (if any)
6)	Service details along with details of Rural/Remote/Difficult area served	6)	Service details along with details of Rural/Remote/Difficult area served

The applicants should submit applications well in advance keeping in mind that, time is required for processing an application. The candidates should refrain from submission of repeated e-mail/ hard copy to avoid duplication.

The three page application format should be filled completely along with certificate from the custodian of service book and head of the institution/ district with memo no. (Copy of Format attached with this Circular). This will be applicable for the SUPY duty Medical Officers also.

TR/NOC granted on the basis of these applications are liable to be invalid subject to vigilance clearance and or any adverse report in the Service Book or any suppression of facts which poses hindrance to such privilege.

No preliminary NOC is required for counseling for higher studies unless otherwise specified for the concerned course/institution.

N.B:- (1) If the hard copy of the application along with forwarding letter and all relevant following documents including the 3 page format are not submitted by the candidates, his prayer will not be entertain and treated as cancelled.

(2) All rows and columns of the three page format to be filled up. Leaving any Serial No. blank / providing no information will lead to cancellation of the application.

27/01/2022
**Director of Medical Education
Government of West Bengal**

27/1/22
**Director of Health Services
Government of West Bengal**

P.T.O

No. HPT/23T-02-2020/Part-IV/MERT- 2684/1(9)

Date: 27.01.2022

Copy forwarded for information and necessary action to the:-

- 1) Joint Secretary (MA), Swasthya Bhaban, Kolkata
- 2) Deputy Director of Health Services (Admin) Swasthya Bhaban, Kolkata
- 3) Principal _____ MCH (All)
- 4) MSVP _____ MCH (All)
- 5) Assistant Director of Health Service (P&E) Swasthya Bhaban, Kolkata
- 6) Assistant Director of Health Service (MERT) Swasthya Bhaban, Kolkata
- 7) Chief Medical Officer of Health _____ District/Health District (All)
- 8) Superintendent _____ DH/SDH/SGH/SSH/Other decentralized Hospital
- 9) IT Cell , Swasthya Bhaban, Kolkata for web posting


Deputy Director of Health Services (MERT)
Govt. of West Bengal

Memo No – HPT/23T-02-2020/Part-V/ M- 2683

Dated: 27.01.2022

Proforma For Submission of BIODATA to be filled up by the applicant and verified & forwarded by the local authority /MSVP & Head of the Institution/ District Controlling Authority / Principal of MCH and sent in duplicate along with prayer FOR TR, by admitted in-service candidates in PG Degree / Diploma / DNB / Post Doctoral courses, as per TR Rules.

A

1. Name of the applicant (in Block letters):.....
2. (a) (a) Date of Birth: DD/MM/YYYY/...../.....
(b) Age as on 31st March, 2021- : Years/Months/Days/...../.....
3. Designation:.....
4. Present place of posting:.....
(Posting- name of Hospital, with name of block/sub-division & District.)
5. Date of joining in service (WBMES/WBHS/WBPHAS / WBDS) – (Cadre must be mentioned clearly.)
a) As Ad-hoc: (Attach a G.O copy)
b) Date of regularization of service (Along with GO No. Attach a G.O copy):.....
c) P.S.C./Direct Recruitment/ WBHRB: (Along with GO No. Attach a G.O copy):.....
6. Date of confirmation of service:..... (Attach along with a G.O copy):.....(Write Yes / No)
7. Present & previous place(s) of posting(s) in details since joining with dates:

Sl. No.	From (date)	To(date)	Name of Health/ Medical Institutes./Block/ District
1. First Posting			
2. 2 nd Posting			
3			
4			
5			
6			
Covid-19, Duty. (Order for Duty be submitted)			

8. Period / Total length of service up to the 31-12-2021-Years.....Months..... Days.
9. Period of service rendered as rural / remote / difficult area (in completed years):Years,
as on 31.12.2021. = ...Years.....Months..... Days.

[Signature]
27/1/2022

[Signature]
27/01/2022

[Signature]

[Signature]

10. Educational Qualification:

Name of the Course	Session	Date of Admission	Date of publication of result
i) M.B.B.S			
ii) Any Diploma. (Whether done prior to joining this service or after joining this service.)			
III) MD/MS/DNB. (Whether done prior to joining this service or after joining this service.)			

(Note- All the rows and columns of information required for Sl. No-10 must be filled up.)

11. (a) Whether placed on Trainee Reserve earlier (Yes/No):

10(b) if yes, date of re-joining after completion of Trainee Reserve (furnish G.O. copy):
.....

12. i.) Whether there is any break in service, if any. (Yes/No) (If Yes then give details):

ii) Whether there is any leave period yet to be sanctioned/ regularized. . (Yes/ No. If Yes then give details):
.....

iii) Whether there is any unauthorized absence period. (Yes/ No. If Yes then give details):

iv) Whether there is any court case pending against him/her: (Yes/ No. If Yes then give details):
.....

(All information in Sl. No 11-a & b, and Sl. No12- i,,ii,iii,& iv must be filled up.)

13. Course in which admission is sought for:

Course	Session	Institute / University

14. Declaration by the incumbent:

I, _____ hereby declare that the particulars mentioned above by me, are true.

If there is any suppression of facts / incorrect information submitted by me, then my application will be considered as canceled and no further request in this aspect to be entertained by the appropriate authority.

.....
Signature of the applicant
(Name- _____)
Designation _____

Date:

15. (a) Mob. No.

15(b) email id:

(Mobile no. & e-mail address must be given correctly.)

Ch 27/1/2022 *Day* 27/01/2022 *Con* *Don*

To Be Filled & Signed By the Local Authority and custodian of the service book :-

Memo No.

Dated:

Certified that Dr.has served in the following institutes /health Centres , as MO/BMOH/ACMOH/Dy.CMOH/Specialist MO/....., which falls under the designated Rural/Difficult/Remote area & may be considered for getting the benefit under Service Quota.

Sl. No.	From (date)	To(date)	Name of Health/ Medical Institutes./Block/ District
1. First Posting			
2. Posting			
3			
4			
5			
6			
Covid-19, Duty. (Order for Duty be submitted)			

His/ Her Total Period of service is more than 3 years , including more than 3 years of service in Rural/Difficult/Remote area (Including Covid-19 Duty) as on 31.12.2021 and is eligible for service quota benefits

Certified that the information submitted by the applicant are verified by the undersigned from his/ her service book & other records and are found to be correct.

There is / are no adverse remarks noted in the service book of Dr.....
(If yes give details).

Forwarded and recommended for provisional NOC/ provisional TR for Post Graduate (Both Degree & Diploma) / DNB & Post Doctoral study in the year

Date:.....

Signature of the local authority/MSVP
& Custodian of Service Book along with seal.

XX

C

Signature of the Head of the Institute / District Controlling Authority:

Memo No.

Dated:

Certified that the service details including the total duration of service and service in Rural/ Difficult/Remote area in respect of Dr..... as stated above is correct.

Forwarded & Recommended to DHS/DME for grant of for provisional NOC/ provisional TR , for Post Graduate (Both Degree & Diploma) / DNB & Post Doctoral study in the year

Remarks (if any) :

Date:.....

Signature of the Head of the Institute/Principal
/ District Controlling Authority with seal :

27/1/2022

27/1/2022

27/1/22