

**GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
SWASTHYA BHAWAN, BLOCK-GN 29, SECTOR-V,
SALT LAKE CITY, KOLKATA-700 091**

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 2464

Dated: 22/03/2023

CIRCULAR

All regular Officers under WBHS/WBPHAS/WBDS/WBMES/WBDES cadre applying for Trainee Reserve (TR) and in-service verification/No Objection Certificate [NOC]/ Sponsorship for NEET PG/NEET MDS/NEET SS or any other examination for higher studies as per TR Rule 2015, are hereby instructed to submit their application with the service particulars in the specified format [provided in the Annexure with this circular] duly filled up and authenticated by the custodian of the Service Book and countersigned by the Controlling authority along with relevant documents as mentioned below, through proper channel maintaining the hierarchy, addressing to The Director of Health Services, West Bengal/The Director of Medical Education, West Bengal as the case may be.

During filling up of the specified format of service details, utmost care should be taken so that no columns should be kept blank. Otherwise, the application is liable to be rejected.

One set of the hard copy of application with service particulars in specified format along with other relevant documents is to be submitted at the Central Receiving Section of Swasthya Bhawan and the soft copy of the same set is to be submitted in a single pdf format [up to 20 MB] in the e-mail Id: tr.noc.mert@gmail.com for further processing.

The Principal/Director/MSVP/CMOH/Superintendent/ACMOH/BMOH of all Health Institutions of this department are also requested that, before forwarding such application from any regular Officer belonging to the cadre as mentioned above under their control, it should be ensured that, such application should compulsorily accompany the service particulars in the specified format duly authenticated by the competent authorities and other relevant documents as mentioned below.

No prior NOC is required for appearing in Examination/counseling for higher studies unless otherwise specified for the concerned course/institution.

Contd....

The following documents are to be submitted as self attested photocopy along with the application and service particulars in the specified format:

For TR and in-service verification (whichever is applicable)		For NOC/Sponsorship	
1	Score card of NEET PG/NEET MDS/NEET SS/ any other examination as applicable	1	Examination Notification
2	Provisional allotment letter	2	NOC format (if any)
3	Admission letter	3	First Appointment order in regular Service [G.O.]
4	Receipt for deposition of fees	4	First Joining letter in regular Service
5	Receipt for deposition of original certificates	5	G.O. and joining letter in present place of posting
6	In-service verification certificate [for TR]		
7	First Appointment order in regular Service [G.O.]		
8	First Joining letter in regular Service		
9	G.O. and joining letter in present place of posting		

All concerned are informed accordingly.

D. M. Ghosh
Director of Medical Education
Govt. of West Bengal

D. M. Ghosh
Director of Health Services
Govt. of West Bengal

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 244/1(22) Dated: 22/03/2023

Copy forwarded for information and necessary action to the:

01. Senior Special Secretary (HS), Govt. of West Bengal
02. Senior Special Secretary (Dental), Govt. of West Bengal
03. Special Secretary (MERT), Govt. of West Bengal
04. Addl. DHS (Admin), Govt. of West Bengal
05. Jt. Secretary (MA), Govt. of West Bengal
06. Jt. Secretary (Dental), Govt. of West Bengal
07. Deputy Secretary (MERT), Govt. of West Bengal
08. Deputy Secretary (Dental), Govt. of West Bengal
09. Principal/Director/MSVP, all Medical Colleges
10. DDHS (Admin), Directorate of Health Services, Govt. of West Bengal
11. DDME, Directorate of Medical Education, Govt. of West Bengal
12. Nodal Officer Counseling, Directorate of Medical Education, Govt. of W.B.
13. O.S.D. Dental, Govt. of West Bengal
14. ADHS (MERT), Directorate of Health Services, Govt. of West Bengal
15. ADHS (Dental), Directorate of Health Services, Govt. of West Bengal
16. ADME, Directorate of Medical Education, Govt. of West Bengal
17. CMOH, all districts including Health Districts
18. Superintendent, all DH/SDH/SGH/SSH/Decentralized Hospital
19. BMOH, all RH/BPHC
20. PA to the Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
21. System Coordinator, I.T Cell for web posting
22. Office Copy

D. M. Ghosh
Deputy Director of Health Services
MERT Branch
Govt. of West Bengal

S. Ghosh
22/3/2023

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A **2464**

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Prescribed format for service particulars of Regular Officers under WBHS/WBPHAS/WBMES/WBDS/WBDES cadre to be submitted along with application for Trainee Reserve [TR] / Service verification / NOC / Sponsorship [as applicable] to appear in various examinations

- 1 Name of the applicant (in block letters):
- 2 Name of Father/Husband:
- 3 Gender:
- 4 Caste:
- 5 Present Designation:
- 6 Cadre (WBHS/WBPHAS/WBMES/WBDS/WBDES):
- 7 Employee id:
- 8 Medical Registration No. of WBMC/WBDC:
- 9 Date of Birth (DD/MM/YYYY):
- 10 Age as on 31-03-2023: _____ years _____ months
- 11 Contact No.
- 12 E-mail id:
- 13 Date of joining in service (attach G.O. copy in each case)

a) On regular appointment (DD/MM/YYYY): _____

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

b) On Ad-hoc appointment (DD/MM/YYYY): _____

Ad-hoc Appointment order Memo No. with Date	
Memo No.	Date:

b) Date of regularization of Ad-hoc appointment (DD/MM/YYYY): _____

Ad-hoc Appointment order Memo No. with Date	
Memo No.	Date:

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 2464

Dated: 22-03-2023

14 Present place of Posting:

Name of the Health facility	Location of the Health facility		Name of the District	Date of Joining
	Name of Block & GP [Rural]	Name of Municipality & ward No. [Urban]		

15 Particulars of Previous places of posting since joining in chronological order:

Name of the Health facility	Location of the Health facility		Name of District	From	To
	Name of Block & GP [Rural]	Name of Municipality & ward No. [Urban]			

16 Service period:

Total length of service period	Completed Years	Completed Months
Total period of service since joining up to 31-03-2023		
Total period of qualifying service actually rendered in rural areas since joining up to 31-03-2023 as per TR Rule 2015 and its amendments		

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 2464

Dated: 22.03.2023

17 Educational Qualifications:

Name of the course	Discipline	Name of the University	Year of Admission	Year of passing
M.B.B.S / B.D.S				
PG Diploma				
PG Degree				
Post Doctoral				

18 Details of Trainee Reserve [TR]:

a) Whether placed on TR earlier (Yes/No): _____

If yes, then fill-up the following table:

Name of the course for which TR availed	Duration of the course	Name of the Institution	G.O No. with Date (attach G.O. copy in each case)	TR Period	
				From	To

b) Date of re-joining after completion of TR period: _____
(Attach G.O. copy)

19 Details of break in service/Dies-Non period:

Whether there is any break in the service/Dies-Non period (Yes/No)	
If yes, give details:	

20 Details of period of absence pending for regularization:

Whether any period of absence pending for regularization (Yes/No)	
If yes, give details of period:	

21 Details of Departmental Proceedings [DP]:

Whether any Departmental Proceedings (DP) pending (Yes/No)	
If yes, give details of pending DP:	

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 2464

Dated: 22/03/2023

22 Details of Vigilance Case:

Whether any Vigilance case pending (Yes/No)	
If yes, give details of pending case:	

23 Details of Court Case:

Whether any Court case pending (Yes/No)	
If yes, give details of Court case:	

24 Course/Examination in which admission/NOC is sought for

Name of the Course/Examination	Duration [as applicable]	Name of the Institute/University [as applicable]	Session

I hereby declare that, the information furnished above in Sl. No. 1 to 24 are true and correct to the best of my knowledge and belief. If any of the above information are found to be incorrect or false or any information or particulars have been suppressed or omitted then my application/candidature is liable to be rejected/cancelled without any further notice.

Date:

 Full signature of the Medical Officer

Certified that the above information placed in Sl. No. 1 to 24 have been verified from Service Book/office records/other relevant documents of the concerned Officer and are found correct.

Date:

 Signature of the Head of the Office
and custodian of Service Book
with Designation and Office seal

Date:

 Countersigned by the Head of the Institution/
Principal / CMOH with Designation and Office seal

Memo. No. HFW-24011(99)/64/2023-MERT SEC/A 2464

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Certificate from local authority in order to avail in-service quota in Post Graduate Medical / Dental and Post Doctoral medical counseling for State Quota seats in Government / Private Colleges in West Bengal

Memo No. _____

Date: _____

This is to certify that Dr. _____, under WBHS/WBPHAS/WBMES/WBDS/WBDES cadre (strike out whichever is not applicable), presently posted as _____ (Designation) at _____ (Name of Health facility) in _____ district since _____.

He/She has served in rural / remote / difficult area for a total period of _____ years _____ months (taken together since joining in service) as on 30-04-2023 and is eligible/not eligible (strike out whichever is not applicable) for in-service quota.

Date:

**Signature of the Head of the Office
and custodian of Service Book
with Designation and Office seal**

Certificate from the Head of the Institution / Principal / CMOH

Memo No. _____

Date: _____

Certified that the service particulars and other information as stated above and in the previous four pages in respect of Dr. _____ are found correct.

Date:

**Signature of the Head of the Institution/
Principal/CMOH with Designation and Office seal**

N.B. Mere availing of in-service quota is not an assurance for getting TR. TR facility is to be provided as per TR Rule 2015 and availability of number of TR seats as calculated by this Department from time to time.