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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HIGHER EDUCATION
(INTEGRATED LAW CELL)
BIKASH BHABAN, SALT LAKE,
KOLKATA-700091

No. 64 L/OM-164L/2018

Date: 24.02.2020

NOTIFICATION

In exercise of the powers conferred by section 18 read with section 10 (2) and section 14 (1) of the West Bengal Universities and Colleges (Administration and Regulation) Act, 2017, the Governor is hereby pleased to direct that all category of employees of State-aided Universities and Government-aided Colleges including the Government-aided Colleges run by minorities, whether religious or Linguistic, who are proposed to be appointed in any post, shall invariably be required to complete verification of personal antecedents and successful medical examination in the format prescribed in the Schedule of this Notification. The authority of concerned colleges or Universities shall however, initially issue a provisional appointment letter to the incumbent concerned with a rider that such appointment is subjected to successful verification of personal antecedents by appropriate Police authorities and successful medical examination by competent Medical Board in due course. Every University or college shall take immediate steps to have done all procedural formalities regarding Police verification and medical examination of the incumbent so appointed. However, confirmation of service shall be withheld till receipt of report of Police verification and Medical examination, even after completion of usual period of probation.

By Order of the Governor,
SD/-
(Shri Harisadhan Das)
Joint Secretary to
the Government of West Bengal

SCHEDULE-I
Verification Roll

Recent
passport size
photograph

1.	Name in Full (In block letters) with aliases, if any. (Please indicate if you have added or dropped, at any stage, any part of your name or surname).	Surname	Name
2.	The name of the post and service applied for		
3.	Present address in full (i.e. village, or house number, lane/ street and road, Police Station and District, PIN Code)		
4.	(a) Home address in full (i.e. village, or house number, lane/ street and road, Police Station and District, PIN Code, Contact Number)		
	(b) If originally a resident of Pakistan, Bangladesh, Nepal or any other Country, the address in that dominion of migration to Indian Union.		

5. Particulars of places where you have resided for more than one year during the preceding five years

From	To	Residential address in full ((i.e. village, or house number, lane/ street and road, Police Station and District, PIN Code)

6. (a) Father's name in full with aliases, if any
 (b) Present Postal address (if dead, give the last address)
 (c) Permanent home address
 (d) Profession
 (e) If in service, give designation and official address
7. (i) Nationality of —
 (a) Father
 (b) Mother
 (c) Husband
 (d) Wife

8. (a) Exact date of birth (To be supported by Birth Registration Certificate/Admit Card of West Bengal Board of Secondary Education/ any other recognized Board)
- (b) Present age
- (c) Age of Matriculation/ School Final
9. (a) Place of birth, Police Station, District and State in which is situated
- (b) District and State to which you belong
10. (a) State your religion
- (b) Are you member of Schedule Caste/ Schedule Tribe/ OBC. Answer "Yes" or "No" and if the answer is "Yes" state the name thereof. **(Copy of Certificate to be attached)**

11. Educational qualifications showing place of education with year in school colleges:

Name of School/ Colleges with full address with Police Station, PIN Code, District & State	Date of Entry	Date of Leaving	Examination passed

12. If you have at any time been employed give details:

Designation of the post held or description of work	Period	Full address of the office, firm or institution and reasons for leaving previous service

13. Have you ever been convicted by a Court of any or charge-sheeted by the police in connection with any criminal proceeding? If so, the full particular of the case should be given.

14. Name of two responsible persons of your
Locality or two referees to whom you are
Known: (1)

(2)

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of my circumstances, which might impair my fairness for employment under the Government. I understand that submission of false information will make me ineligible for employment.

Date.....

.....

Place.....

(Signature of the candidate)

(Certificate to be signed by a gazetted officer)

Certified that I have known Shri/Shrimati
.....months and that to the best of my knowledge and belief the particulars furnished by him/ her are correct.

Place.....

.....

Date.....

Signature
Designation status and address

Signature and designation of the Issuing Officer
and the name of the office with full address and date

SCHEDULE-II
OFFICE OF THE CHIEF MEDICAL OFFICER
DISTRICT:
..... HOSPITAL

Medical Certificate in case of Appointment of Candidate in the Govt.-aided Colleges and State-aided Universities in West Bengal

Recent
passport size
photograph

Name of the Candidate in full: Sri/Smt. _____
(In Block/ Capital Letters)

Height (without shoe) : _____ cm.

Girth of Chest : _____ cm.
(for male Candidates only)

Weight : _____ kg.

We do hereby certify that we have examined Sri/ Smt. _____
_____ as a candidate for the post of _____

Under the Department/ Directorate/ Office of _____
_____. His /Her age is by his/ her own statement _____ yrs.

Being the date of birth _____ and by appearance _____ yrs.

- a) General Development : Good/ Fair/ Average/ Poor.
Vision : Right Eye _____ Left Eye _____
i) Uncorrected/ Naked Eye : _____
ii) Corrected : _____
iii) Nature and Degree : _____
- b) Teeth _____ (c) Hearing _____ (d) Blood Pressure Sys/Dias _____
e) Lung _____ (f) Heart _____ (g) Liver _____
h) Spleen _____
i) Hernia (Present or absent) _____
j) Hydrosols (Present of absent) _____
k) Function of Ovaries & Uterus (if they are normal) _____
l) Urine (i) Specific Gravity _____ (ii) Albumin _____ (iii) Sugar _____

Identification marks : _____

1. Fit

2. Unfit on account of

3. Temporary Unfit on account of

Place:

Full signature of the candidate with date

Date : _____

Chief Medical Officer of Health

SCHEDULE-III

CENTRAL MEDICAL BOARD
GOVERNMENT OF WEST BENGAL

Medical Certificate in case of Appointment of Candidate in the Govt.-aided Colleges and State-aided Universities in West Bengal
(For candidate residing in Kolkata)

Recent
passport size
photograph

Name of the Candidate in full: Sri/Smt. _____
(In Block/ Capital Letters)

Height (without shoe) : _____ cm.

Girth of Chest : _____ cm.

(for male Candidates only)

Weight : _____ kg.

We do hereby certify that we have examined Sri/ Smt. _____

_____ as a candidate for the post of _____

Under the Department/ Directorate/ Office of _____

_____. His /Her age is by his/ her own statement _____ yrs.

Being the date of birth _____ and by appearance _____ yrs.

a) General Development : Good/ Fair/ Average/ Poor.

Vision : Right Eye _____ Left Eye _____

i) Uncorrected/ Naked Eye : _____

ii) Corrected : _____

iii) Nature and Degree : _____

b) Teeth _____ (c) Hearing _____ (d) Blood Pressure Sys/Dias _____

e) Lung _____ (f) Heart _____ (g) Liver _____

h) Spleen _____

i) Hernia (Present or absent) _____

j) Hydrosols (Present of absent) _____

k) Function of Ovaries & Uterus (if they are normal) _____

l) Urine (i) Specific Gravity _____ (ii) Albumin _____ (iii) Sugar _____

Identification marks : _____

1. Fit

2. Unfit on account of

3. Temporary Unfit on account of

Full signature of the candidate with date

Chairman

Member

Member

Place: Medical College & Hospital

Date : _____