

**Government of West Bengal  
Govt. of West Bengal  
Directorate of Health Services  
Swasthya Bhawan  
Salt Lake, Sector - V, Kolkata-91.**

Memo No. HPT/23T-07-17/01/M-54 Dated, Kolkata, 14-03-2017

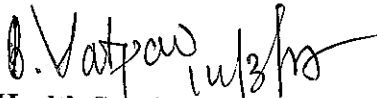
**NOTICE**

This is for information to all the concerned that the officers of WBHS, WBPH & AS & West Bengal Dental Service who have qualified in NEETPG-2017 and fulfilling the eligibility criteria as per T.R. Rule 2015, for the session 2017 are instructed to go through the notice of WBUHS for registration (online) and also verification of necessary original documents as per schedule for their state ranking(as per merit) and subsequently issuing of sponsorship certificate.

The following documents, duly forwarded and authenticated by the appropriate authority (Two copies each), as mentioned below are to be submitted by the applicants at the time of verification at Swasthya Bhavan.

1. Application for Sponsorship with email id and Phone no.
2. Filled up official sponsorship certificate Performa for appearing the counselling (with relevant enclosure and GO)
3. Copy of admit card.
4. Copy of Rank Card.
5. Copy of download Performa of application acknowledgement from WBUHS.

The dates of verification of documents of eligible applicants at Swasthya Bhavan and issuing of Sponsorship certificate will be notified subsequently.

  
Director of Health Services & E.O.Secy.,  
West Bengal

**Proforma to be filled in by the applicant and local authority and sent in quadruplicate along with prayer for sponsorship certificate for appearing at Post Graduate (Both Degree & Diploma) & Post Doctoral Entrance Examination and counselling .**

1. Name of the applicant (in Block letters):.....

2. (a) Date of Birth: DD/MM/YEAR. .... / ..... / .....

(b) Age as on 31<sup>st</sup> March, 20..... Years/Months/Days; .... / ..... / .....

3. Caste - Gen./SC/ST/OBC (A/B/C)

4. Present place of posting: .....

5. Designation:.....

6. Educational Qualification:

Name of the Course	Session	Date of Admission	Date of publication of result
i) M.B.B.S/B.D.S			
ii) Any Diploma			
III) MD/MS/DNB/M.D.S			

7. Registration Number of State Medical Council & Year:.....

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

(b) If yes, date of re-joining after completion of Trainee Reserve (furnish G.O. copy):  
Date.....GO No.....

9. Date of joining in service – (WBMES/WBHS/WBPHAS)

- 1) As Ad-hoc service (along with G.O copy):.....  
GO No.....
- 2) Date of regularization of service (along with G.O copy):.....  
GO No.....
- 3) P.S.C./Direct Recruitment/ WBHRB: (along with G.O copy):.....  
GO No.....

10. Date of confirmation of service (With GO Copy) :.....

GO No.....

Previous place(s) of posting(s) in details since joining with dates;

From (date)	To(date)	Name of Health/ Medical Institutes.

11. i) Whether entered in to the service as specialist MO –(yes/no) (If yes attach relevant paper)

ii) Period of service rendered as rural service: Years/Months/Days; ...../...../.....(Attach relevant paper)

12. Period of service rendered in SNCU/HDU/CCU/ICCU/ITU: Years/Months/Days

...../...../.....(Attach relevant paper)

13. Total length of service period up to the 31<sup>st</sup> March of the year of the commencement of session concerned: Years/Months/Days ...../...../.....(Attach relevant paper)

14. i.) Whether there is any break in service, if any (in details): .....

ii) Whether there is any leave period yet to be sanctioned/ regularized (in details): .....

iii) Whether there is any unauthorized absence period (in details): .....

iv) Whether there is any court case pending against him/her: .....

15. Course in which admission is sought for:

Course	Session	Institute / University

16. Declaration by the incumbent:

I, \_\_\_\_\_ declare that the particulars mentioned above by me are true.

Signature of the applicant

( \_\_\_\_\_ )

Designation:

Date:

17. (a) Mob. No.

(b) Email id:

**Certificate of local authority:**

Information and particulars submitted by the applicant are verified from his/ her service book and are found to be correct.

Forwarded and recommended to DHS/DME for provisional Sponsorship certificate.

Date:

Signature of the CMOH/MSVP/Principal

(with official seal)

**Sponsorship Certificate**

Memo No.

Date:

Dr. \_\_\_\_\_ now appointed as \_\_\_\_\_ at \_\_\_\_\_ under the cadre of WBHS/WBPHAS/WBMES is permitted to appear in the entrance examination as Government sponsored candidate and eligible for counselling, if selected for \_\_\_\_\_ course for the session \_\_\_\_\_ as per existing WBMES, WBHS, WBPHAS( placement on Trainee Reserve ) Rules 2015 (vide notification no. HF/O/MERT/508/ME/TR-07-2012 dated 2<sup>nd</sup> June, 2015) and as amended (vide notification no. HF/O/MA/136/HPT/32 M-122-2015 dated 21<sup>st</sup> January 2016) for Trainee Reserve purpose..

No T.A/D.A will be allowed to him/her for attending the said entrance examination/ counselling. He /She will avail admissible leave for this purpose.

**N.B.-Issuing of sponsorship certificate does not give any guarantee to provide you with TR facility. It is simply for the purpose of counselling.**

**Director of Medical Education/ Director of Health Services  
& Ex officio Secretary,  
Govt. of West Bengal.**