

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

Memo No. HFW-23099/283/2023/M/*A 6/05*

Dated: 12.11.2024

**Notification regarding application to participate in Centralized merit based online counseling for admission to Sponsored DNB seats (Post MBBS and Post Diploma) 2024.**

In view of the NBEMS notification dated 25-07-2024 in website [www.natboard.edu.in](http://www.natboard.edu.in) the application for participation in Centralized merit based online counseling for admission to Sponsored DNB seats (Post MBBS and Post Diploma) 2024 is sought from the eligible candidates.

1. Eligibility Criteria for Sponsored DNB (Post MBBS) seats:
  - I) Candidates who are working under Dept of Health and Family Welfare. Govt. of West Bengal on regular basis are eligible for Sponsored DNB (Post MBBS) seats.  
AND
  - II) Candidates must be in possession of MBBS degree Certificate recognized by the Indian Medical Council Act 1956 and possess permanent registration certificate of MBBS qualification issued by the Medical Council of India/ State Medical Council.  
AND
  - III) Must have "Qualified" NEET PG 2024.
2. Eligibility Criteria for Sponsored DNB (Post Diploma) Seats:
  - I) Candidates who are working under Dept. of Health and Family Welfare. Govt. of West Bengal on regular basis are eligible for Sponsored DNB (Post Diploma) Seats.  
AND
  - II) Candidates who have passed the final examination leading to the award of Post Graduate Diploma from Indian Universities which are duly recognized as per provisions of Indian Medical Council; Act 1956, Govt. Of India i.e. have passed final examinations for Post graduate diploma on or before 31-03-2022 as per provisions of the Trainee reserve Rules 2015 and its amendments.  
AND
  - III) Candidate must have "Appeared" in DNB-PDCET 2024.
3. All such candidates who fulfill the aforesaid eligibility criteria and are desirous for opting the sponsored DNB (Post MBBS and Post Diploma) seats 2024 are required to submit his/her application to The Director of Medical Education, Dept of Health and Family Welfare, Swasthya Bhawan, GN-29, Sector-V, Kolkata-700091. (If they belong to WBMS cadre) or The Director of Health Services, Dept. of Health and Family Welfare, Swasthya Bhawan, GN-29, Sector-V, Kolkata-700091 (If they belong to WBHS or WBPHAS cadre).
4. This submission of application shall be via email [tr.noc.mert@gmail.com](mailto:tr.noc.mert@gmail.com) for the candidates of WBHS and WBPHAS and via email [wbdnbcounseling@gmail.com](mailto:wbdnbcounseling@gmail.com) for the candidates of WBMS in the required format and the circular are already published in the Departmental website [www.wbhealth.gov.in](http://www.wbhealth.gov.in) vide no HFW-24011(99)/24/2024-MERT SEC/A 2199 dated 02.04.2024 (Attached as Annexure 1).
5. Such application shall have to be submitted by 5 pm of 22.11.2024 for further consideration of this Department. Such application must also accompany the scanned documents as listed below.
6. The physical verification of the candidates shall be conducted from 12 noon till 3 pm on the days as follows: 25.11.2024, 26.11.2024 & 27.11.2024 (3 days). During such physical verification. The candidate has to attend with the original documents before The office of Joint Director of Medical Education in the A wing 4<sup>th</sup> Floor of Swasthya Bhawan (for WBMS cadre) or Assistant

*am*

*SGM*

Director of Health Services, MERT, in 2<sup>nd</sup> floor of B wing at Swasthya Bhawan( if they belong to WBHS/WBPHAS cadre).

The candidate shall himself/ herself attend such verification along with original documents.


The following documents are required to be placed for verification (original and one set self attested photocopy):-

1. NEET PG 2024/ DNB PDCET 2024 -----rank card and admit card.
2. Any two of following valid photo ID (Aadhar card/ Voter card/ Passport).
3. Age proof (Birth certificate/ class X admit card/ class X certificate).
4. MBBS certificate and final MBBS mark sheet.
5. Permanent Registration certificate issued by MCI/ NMC/WBMC.
6. Caste certificate (as applicable and issued by appropriate authority in West Bengal)
7. Non creamy layer certificate for OBC candidates issued on or after 01.04.2024.
8. PwD certificate (as applicable and issued by Medical Board of IPGMER Kolkata)
9. Proof of previous Diploma if acquired (on or before 31.03.2022)
10. Proof of any bond formalities (if applicable to be completed on or before 31.03.2024).
11. Posting orders and joining reports as a proof of regular service.

The candidates who will fail in submitting email on time or fail during verification or does not attend verification with required documents within schedule time, shall not be included in the list for provisional NOC (No Objection Certificate) for Centralized merit based online counseling for admission to sponsored DNB seats (Post MBBS and Post Diploma) 2024.

The provisionally eligible candidates shall be handed Provisional NOC in authenticated letter head and the scanned copy shall be uploaded in the websites [www.wbhealth.gov.in](http://www.wbhealth.gov.in) and [www.wbmcc.nic.in](http://www.wbmcc.nic.in) for public viewing on or after 02.12.2024 and shall also be communicated to NBEMS as per their instructions via email within due date which is to be notified by NBEMS, New Delhi . The format of NOC shall be as per the format to be provided by NBEMS .

The candidates shall bear in mind that this NOC is purely provisional and in no way ensures a seat for a particular candidate. The in-service candidates of Dept. of Health and Family welfare. Govt. of west Bengal must contact respective branch officials to find out whether they are eligible for trainee reserve as per extant rules so that seats are waste after allotment if any.

  
12/11/24  
OSD and Special Secretary  
Govt. of West Bengal

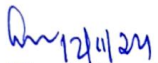
  
12/11/24  
Director of Health Service  
Govt. of West Bengal

Memo No. HFW-23099/283/2023/M/ 6103/118

Dated: 12.11.2024

Copy for kind information and perusal please:

1. SSMERT, Dept. of Health and Family Welfare, Govt. of Bengal.
2. Director/Principal/ Dean of Medical Colleges/ Institutes in West Bengal.
3. CMOH of All District/Health District of West Bengal.
4. MSVP of IPGMER Kolkata for Medical Board.
5. DS MA, Dept Dept of Health and Family Welfare, Govt. of West Bengal
6. A, B,C, DDADMIN, DDMERT, DDME, Swasthya Bhawan.
7. A,B,C,ADHS MERT, ADHS P&E and ADME, Swasthy
8. Sr. PA to Principal Secretary, Dept. of Health and Family Welfare, Govt. of West Bengal.

  
OSD and Special Secretary  
Govt. of West Bengal

  
Director of Health Service  
Govt. of West Bengal

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

Annexure 1

Memo. No.HFW-24011(99)/24/2024-MERT SEC/A 2199

Dated: 02/04/24

**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 and all it's Amendments, 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 WBHS and WBPHAS Cadre), reportsadhsdental@gmail.com (for WBDS & WBDES Candidates), wbmec.official@gmail.com (for WBMES Cadre) 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***

Continued...



The following documents are to be submitted as self attested photocopy along with the application and service particulars in the specified 5 page format in following order

Sl No	For TR and in-service verification (Whichever is applicable)	For NOC/Sponsorship
1)	Proper application addressing DHS/DME through proper channel <b>(Candidate must mention his/her cadre, employee ID &amp; Mobile no in application)</b>	Proper application addressing DHS/DME through proper channel <b>(Candidate must mention his/her cadre, employee ID &amp; Mobile no in application)</b>
2)	Score card of NEET PG/ NEET MDS/ NEET SS/ any other examination as applicable.	Examination notification
3	Provisional allotment letter	NOC format (if any)
4	Admission letter in respective institute along with receipt of deposition of fees	Properly filled up 5 Page format
5	In Service Verification Certificate	First Appointment order in regular Service
6	Properly filled up 5 Page format	First Joining letter in regularService
7	First Appointment order in regularService	Order of present place of posting(If Transferred)
8	First Joining letter in regularService	Joining order of present place of posting
9	Order of present place of posting(If Transferred)	
10	Joining order of present place of posting	
11	Asset declaration of last 3 years <b>(ie Asset stood on 01/01/2022,01/01/2023,01/01/2024)</b>	
12	Properly filled up & signed Self declaration for Lady Medical Officer(Copy enclose)	
13	GO of previous TR order(If placed in TR earlier)	
14	Relevant Orders regarding Break in Service/ Dies-non/regularization of Unauthorized absence/ Departmental Proceedings/Court case if applicable	

Director of Medical Education  
Govt. of West Bengal

Director of Health Services  
Govt. of West Bengal

Memo. No: HFW-24011(99)/24/2024-MERT SEC/A 2199

Date: 02/04/24

**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 Cast:
- 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 31-03-2024: \_\_\_\_\_ years \_\_\_\_\_ months
- 11 Contact No.
- 12 E-mail id:
- 13 Date of joining in Government 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:

c) 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)/24/2024-MERT SEC/A 2199

Date: 02/04/24

**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] (Must mention GP Name)	Name of Municipality/ Corporation/ Notified area & 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] Must mention GP Name)	Name of Municipality and /Corporation and Ward No [Urban]			

**16. Service period:**

Total length of service period	Completed Years	Completed Months
<b>Total period of service since joining up to 31-03-2024</b>		
<b>Total period of qualifying service actually rendered in rural areas since joining up to 31-03-2024 as per TRRule 2015 and its amendments</b>		

Memo. No: HFW-24011(99)/24/2024-MERT SEC/A 2199

Date: 02/04/24

**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 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 pending {Yes/No}	
If yes, give details of pending DP:	



Annexure

Page 4/5

Memo. No: HFW-24011(99)/24/2024-MERT SEC/A 2199

Date: 02/04/24

**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 Al. 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 has 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)/24/2024-MERT SEC/A 2199

Date: 02/04/24

**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**

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 31-  
03-2024 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' read with all its amendments and availability of number of TR seats as calculated by this Department from time to time**

**SELF DECLARATION FORMAT**

I hereby declare for the purpose of Vigilance Clearance that:

**A. I AM NOT MARRIED:**

I am ....., presently posted at .....  
As ..... (Present Designation). My maiden name is .....  
Daughter of ..... (Father's Name). I further declare that I had never  
used any other surname except ..... (Present Title)

I do hereby declare that the information stated above is true to the best of my knowledge.

**OR,**

**B. I AM MARRIED:**

I am ....., presently posted at .....  
As ..... (Present Designation). My maiden name is .....  
Daughter of ..... (Father's Name). The name of my husband is .....  
After marriage I have been using the  
Surname..... I further declare that I had never  
used any other surname except ..... (Present Title/ Titles used by incumbent )

I do hereby declare that the information stated above is true to the best of my knowledge

Signature of incumbent

Name .....

Present Designation .....

Office .....

Registration Number.....

Employee ID.....

Dated: .....