

**Government of West Bengal**  
**Department of Health & Family Welfare**  
**Swasthya Bhawan, Block GN-29, Sector – V**  
**Salt Lake, Kolkata-700091**

Memo No: HF/O/PHP/IE-06/2016 (Part)/715

Date: 23/5/17

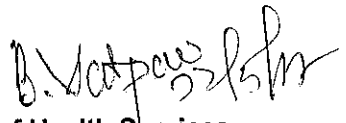
**NOTICE**

[Refer Notice No HF/O/PHP/IE-06/2016 (Part)/692 Dated 19/04/2017 for the position of **District Entomologist** under Government of West Bengal]

The candidates, as per enclosed list, for the position of **District Entomologist** under Government of West Bengal, are hereby requested to bring their **original testimonials** as listed below, for original testimonial verification at the **2<sup>nd</sup> Floor Auditorium Hall, Swasthya Bhawan, Sector-V, Saltlake, Kolkata-700091**, as per date and time mentioned in the list. It is also directed to submit the **self attested photocopies** of all those documents in the order listed below, mentioning his/her online registration number and date in all the documents otherwise the application is liable to be cancelled. This is to further inform that candidates must be present at the time of verification and no third party will be allowed at the time of verification. No change of date and time will be entertained from this end.

**The candidates must bring undernoted original documents for verification:**

- Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan Card).
- Proof of Address (Passport or Voter ID Card or AADHAAR Card).
- Age Proof Certificate ( Madhyamik or equivalent examination certificate/admit card)
- All marksheets (all years or semesters, as applicable) and course completion certificate of M.Sc. - Zoology.
- Certificate relating to post essential qualification, if any.
- All the post qualification experience certificates issued and stamped by the appropriate authority starting from oldest to latest.
- **Experience certificates must consist of Name of the post, Employer's Name, Employee's Name, Date of joining (DOJ) and Date of Leaving (DOL)/still continuing , as applicable otherwise his/her experience will be treated as invalid. No offer of appointment / engagement will be treated as experience certificate.**
- Print copy of the on-line application form.

  
**Director of Health Services,**  
**Department of Health & Family Welfare,**  
**Govt. of West Bengal**


**List of candidates called for original testimonials verification for the post of District Entomologist under Public Health**

Recruitment Notice No: HF/O/PHP/1E-06/2016 (Part)/692, dated: 09/04/2017

**Venue: Auditorium Hall, Second Floor, Swasthya Bhawan, Block: GN-29, Salt Lake, Sector-V, Kolkata-700091**

Date & Time of verification	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID	Appl. ID
<b>Date: 31/05/2017, Reporting Time: 11:00 A.M.</b>	74661	74667	74670	74671	74674	74675	74682	74684	74685	74692
	74702	74706	74713	74718	74720	74721	74722	74735	74742	74744
	74746	74752	74755	74757	74758	74759	74774	74778	74784	74792
	74793	74794	74795	74803	74808	74809	74810	74811	74812	74818
	74819	74821	74823	74843	74844	74849	74856	74861	74866	74877
<b>Date: 31/05/2017, Reporting Time: 01:30 P.M.</b>	74884	74888	74896	74907	74912	74917	74918	74919	74920	74922
	74930	74952	74955	74964	74967	74979	74985	75000	75003	75007
	75015	75020	75023	75027	75036	75041	75051	75053	75063	75066
	75067	75070	75071	75074	75087	75092	75095	75101	75115	75122
	75134	75138	75153	75154	75156	75159	75164	75209	75215	75217

<b>Date: 01/06/2017, Reporting Time: 11:00 A.M.</b>	75221	75229	75233	75243	75253	75254	75258	75281	75296	75304
	75305	75306	75308	75309	75320	75332	75359	75373	75385	75403
	75404	75409	75414	75417	75421	75438	75462	75463	75487	75507
	75531	75545	75556	75561	75563	75572	75589	75592	75598	75607
	75643	75655	75656	75658	75667	75668	75673	75679	75694	75696
<b>Date: 01/06/2017, Reporting Time: 01:30 P.M.</b>	75707	75732	75784	75789	75794	75799	75800	75816	75822	75824
	75836	75841	75842	75843	75845	75846	75851	75854	75856	75860
	75861	75864	75865	75870	75875	75879	75880	75881	75885	75890
	75907	75909	75914	75918	75921	75934	75937	75940	75945	75950
	75952	75954	75958	75967	75970	75971	75972	75978	X	X

  
 Director of Health Services  
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