



DIAMOND HARBOUR WOMEN'S UNIVERSITY

Date: 03-06-2020

NOTICE

The undersigned is directed to state that as per Notification of Govt. of West Bengal, Dept. of Higher Education vide No.64L/OM-164L/2018 dated 24-02-2020, the Teaching and Non-Teaching staff of the University who are on probation and have completed one year continuous service in the University are requested to submit the duly filled in form to the office of the University as early as possible for police verification and medical examination for confirmation of service. The prescribed form of the Dept. of Higher Education, Govt. of West Bengal is attached herewith.


03/06/2020
Registrar

Diamond Harbour Road, Sarisha, South 24 Pgs (S), West Bengal - 743368,
Phone : 03174-245801 | Website : www.dhwu.ac.in

Established by Diamond Harbour Women's University Act 2012 (West Bengal Act XXXVII of 2012)

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) |
|------|----|--|
| | | |
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| | | |
| | | |
| | | |

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 |
|--|---------------|-----------------|--------------------|
| | | | |
| | | | |
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| | | | |
| | | | |

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 or 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 or 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 : _____