



Government of West Bengal
Department of Health & Family Welfare
Directorate of Health Services
STATE HEALTH TRANSPORT ORGANISATION
Swasthya Paribahan Bhawan
142, A.J.C Bose Road, Kolkata-700 014

No- SHTO/ 671 / HFW-51011/11/2019

Dated, the 16th August, 2019

EMPLOYMENT NOTICE

Applications are invited in the prescribed format for engagement of Driver purely on contractual basis for a period of 01(One) year with a monthly consolidated remuneration of rupees 11500/- .

The details of vacancies are furnished below:

Zones	District	Number of Vacancies
Siliguri (27)	Alipurduar	6
	Coochbehar	2
	Jalpaiguri	8
	Darjeeling	6
	Kalingpong	2
	Uttar Dinajpur	3
Baharampur (25)	Dakshin Dinajpur	4
	Malda	4
	Murshidabad	4
	Paschim Bardhanman	6
	Birbhum	5
	Rampurhat HD	2
Paschim Medinipore (26)	Purulia	3
	Paschim Medinipore	7
	Purba Medinipore	3
	Bankura	2
	Bisnupur HD	2
	Nandigram HD	5
	Jhargram	4
Kolkata (72)	North 24-Parganas	4
	Basirhat H.D	2
	South 24-Parganas	6
	Diamon Harbour H.D	2
	Hooghly	4
	Howrah	6
	Kolkata	25
	Nadia	20
	Purba Bardhaman	3
	150	

Handwritten signature and date: 16/8/2019

DETAILS OF THE TERMS & CONDITIONS

A. TERMS OF ENGAGEMENT: Purely on contractual basis for a period of 01(one) year. The consolidated monthly remuneration rupees 11500/-(Eleven thousands five hundred) only.

B. ELIGIBILITY

Essential Qualifications-

I) The applicant must be a citizen of India and should be a permanent resident of West Bengal (the residents of the respective zones will be preferred).

II) Class VIII (eight) Pass from a recognized School.

III) Must possess valid LMV –TR /LMV-Cab License
(Candidates having heavy license will be preferred).

I v) Experience for driving for five years (to be counted up to 16.08.2019).

Desirable- Knowledge in running repairs of vehicles and practical experience of driving heavy vehicles for two years.

Age Limit- Not less than 21 years and not more than 40 years as on 01/01/2019 ,

Upper age limit for the SC/ ST is 45 years and for OBC 43 years.

C. SELECTION PROCEDURE

(Total Marks-95)

1. Candidates shall be required to undergo a practical test on driving. Marks-40

2. i) Marks on category of driving licence- for Heavy Vehicles licence- Marks-05

ii) Marks on driving experience- Marks-30

(For each completed year of experience @ 3 per year, Maximum-10 (ten) years)

3. Eligible candidates selected (zone wise) on the basis of the result of the practical test on driving, marks on heavy vehicle driving licence & driving experience taken together shall be required to appear at the Interview, Marks -20

4. Merit list (Zone wise) of the provisionally selected candidates will be prepared on the basis of marks obtained in all the above three parts.

D. HOW TO APPLY

a) **Prescribe form:** - Prescribed format of application will be available in the department website www.wbhealth.gov.in , which shall be printed on white A-4 size paper only.

(M)
16/8/2019
→

The following documents shall have to be attached with the application:-

- (i) Identity proof. (PAN Card/ Passport / Voter Card / Aadhaar Card / e-Aadhaar Card with a photograph)
 - (ii) Proof of address.(Voter Card / Aadhaar Card / e-Aadhaar Card with photograph / Passport / Driving License / Electric Bill / Telephone Bill)
 - (iii) Two recent & identical passport size photographs duly signed by the candidates on the frontal portion of both the photographs (one to be pasted on the top right hand corner of the application and the other to be stitched with the application)
 - (iv) Proof of age-Birth Certificate/Pan Card/Admit Card of Madhyamik or Equivalent Examination/Passport /School Leaving Certificate
 - (v) Driving License.
 - (vi) Experience certificate on driving.
- b) All the original documents as mentioned above will be verified at the time of interview. The candidates are required to submit application for one **zone only**.

APPLICATION RECEIVED FOR MULTIPLE ZONES WILL BE SUMMARARILY REJECTED.

c) The applications form duly filled in along with the prescribed documents should be submitted in the DROP BOX kept at **State Health Transport Organisation, Swasthya Paribahan Bhawan, 142, A.J.C Bose Road, Kolkata-700014.**

The envelop containing the applications should be superscribed as "APPLICATION FOR THE POST OF DRIVER ON CONTRCATUAL BASIS , ZONE....."

E. LAST DATE AND TIME OF RECEIPT OF APPLICATIONS IS 24thSEPTEMBER, 2019 BY 3.00 PM.

- (i) No application will be received after the last date and time of receipt of application.
 - (ii) Incomplete applications without required documents as laid down in para D (a) are liable to be rejected.
- F.** The contractual service condition will be as per existing Govt. rules and regulations. No claim for regularization in future in any manner will be entertained.

H. Canvassing in any way will disqualify the candidate from being considered for the post.

For further announcement all concerned are requested to visit Department website
www.wbhealth.gov.in

Sd/- Susanta Pal
Deputy Director of Health Services
(Transport), West Bengal

Application for the post of "DRIVER" on contractual Basis in
State Health Transport Organisation

Space for
Self attested
recent
passport size
photograph

To
The Chairman
Selection Committee for Contractual Driver
State Health Transport Organisation
Swasthya Paribahan Bhawan
142, A.J.C Bose Road, Kolkata-700014

Applied for Zone:.....(Kolkata/Siliguri /Paschim Medinipore /Baharampur)

1. Name in Full:.....
2. Father's Name:.....
3. Date of Birth:...../...../.....(dd/mm/yyyy), Age as on 01.01.2019
4. Do you have ability to read, write and speak in Bengali:- (Yes/No)
5. State your mother tongue:-.....
6. Sex:-.....
7. Nationality:.....
8. Category:-Gen/SC/ST/OBC
9. Email Id:-..... Mobile Number:.....
10. Address for correspondence:-
.....
.....
.....
.....
Police Station.....Pin Code:.....
11. Permanent Residential Address:-
.....
.....
.....
Police Station.....Pin Code:.....
12. Qualifications:- Class VIII pass & onwards

Examination	Exam/Course	Year of passing	Name of board/council/ university	Division/class /Grade	Marks%	Remarks

13 Driving License details

Unique Driving License Number:-

Category of Driving License	Date of Issue	Valid Till
LMV		
LMV-TR		
LMVCAB		
TRANS		
PSVBUS		

14 Whether having Experience, If yes please specify:-

Name of the post	Temporary/ Permanent/ Contractual	Office Where employed	Date of Joining	Date of leaving	Year of Experience

15 Whether any Criminal case is initiated/pending against you:- YES/NO.

If yes, please furnish the details:-

I do hereby declare that above particulars are true to the best of my knowledge and belief.

Date:-

Place:-

(Full Signature of the Applicant)