GOVERNMENT OF WEST BENGAL FINANCE DEPARTMENT

Revenue

NABANNA, 325 Sarat Chatterjee Road, Howrah-711102

No. <u>544 (34)-F.T.</u> FIN-34011(12)/1/2020-REV Dated: 18.06.2020

From: Sri R. Bandyopadhyay, IAS

Additional Secretary to the Government of West Bengal

To : Shri / Smt .....

Sub: Selection for appointment in the West Bengal Revenue Service on the basis of

results of the WBCS (Exe) etc. Examination, 2018 - Group 'A' Services

conducted by the PSC, West Bengal.

The undersigned is directed to congratulate him/her on success for selection for appointment in the West Bengal Revenue Service on the results of the WBCS (Exe) etc. Examination, 2018 - Group 'A' Services conducted by the PSC, West Bengal and to say that his/her appointment is subject to satisfactory reports on both Police Verification and Medical Examination apart from fulfillment of other conditions as prescribed in the West Bengal Service Rules.

In view of the prevailing situation due to 'COVID-19' pandemic, the undersigned is to request him/her to download PVR form from Finance Department's website, 'www.wbfin.gov.in' and submit a copy of the filled-in form through e-mail (mail id: achintya.mitra@wbcomtax.gov.in) and send two original copies of filled-in forms by Speed Post to the undersigned, to avoid travel and human contacts as far as practicable, as now being advised for health reasons.

The incumbents, working under the State/Central Government whose PVRs were completed at the time of their appointment should send an application to the undersigned through the above mentioned e-mail instead of filled-in PVR forms afresh, stating their present designation with place of posting, name of the Department and name of the custodian of such PVR.

Other formalities, e.g. medical examination, verification of original testimonials etc. will be made thereafter, indue course.

to the Government of West Bengal

## VERIFICATION ROLL

	Name in full (in Block capitals) with a		Sumame	Name
	(please indicate if you have added or d any stage, any part of your name or sa	ropped, at mame)		
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2.	The name of the post and the service a	pphed for		1
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	District or House Number, Lane/Street and Road)			
	(Nost)	-		
	(a) Home Address in full (i.e. Village,			34
	District or House Number, Lane/Street	and		1
	Road)	\$		
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	Dominion and the date of migration	in that to Indian		
	Union	•		
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	'articulars of places where you have resident From  (a) Father's Name in full with aliases, in (b) Present Postal address (if dead, given	°To	Residential addre	ss in full (i.e. Villag

(c) Permanent Home Address	*
	1
(d) Profession	9
(2.70)	4
(e) If in service, give designation and Official address	
Nationality of	
(a) Father	
(b) Mother	
(c) Husband	3
(d) Wife	
(ii) Place of Birth of	
(a) Husband	
(b) Wife	
(a) Exact date of high	
(c) Age of Matriculation/S.F./Higher Secondary/Madhyamik (Secondary)	
(a) Place of birth, District and State in which it is situated	
d) D:	
(b) District and State to which you belong	
(a) Ctata	
Jour Jour Tougion	N.C.
(b) Are you a member of a Scheduled Caste/Scheduled Tribe?	
Answer "Yes" or "No" and if the answer is "Yes" state the name thereof	S
	(e) If in service, give designation and Official address  Nationality of  (a) Father  (b) Mother  (c) Husband  (d) Wife  (ii) Place of Birth of  (a) Husband  (b) Wife  (a) Exact date of birth  (b) Present age  (c) Age of Matriculation/S.F./Higher Secondary/Madhyamik (Secondary)  (a) Place of birth, District and State in which it is situated  (b) District and State to which you belong  (a) State your religion  (b) Are you a member of a Scheduled Caste/Scheduled Tribe?  Answer "Yes" or "No" and if the apswer is the service of t

of age	^ · · ·					
Name of School/College with address	tull Date	Date of entering		leaving	Examination passed	
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12. If you have at any time been	employed give de	tolla				
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	; Pe	: Period				
Designation and post held or description of work	From :			Full address of the Office or Institution and reason leaving previous Service		
3. Have you ever been arreste	d, detrained or con	victed by a	Corner	NEW THE PROPERTY		
of any offence? If the ans arrest or detention or convigiven.	Wer id "Year tha for		~ 1			
4. Names of the responsible p reference to whom you are	ersons of your local	lity or two				
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-: 4. :-

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances, which might impair my fitness for employment under Government.

Date:		
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	Signature of C	andidate
Certificate to be giound by a formula 1000		
Certificate to be signed by a Gazetted Officer or Member of Le	gislative or other authority pres	cribed by
ne appointing authority]	10.	.^^
Certified that I have known Shri/Smt.		
on/daughter of	for the la	st
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Signature and designation of the Issuing Officer and the name of the Office with full address and date