

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

PROFORMA FOR APPLICATION FOR CONFIRMATION OF SERVICE

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Birth (DD-MM-YYYY)	
6	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
7	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
8	Whether any period of 'Dies-Non'/ Break in Service, (if yes details of)	
9	Whether any period of absence pending for regularisation	
10	Whether any Disciplinary Proceeding is pending till date (If yes, details of)	
11	Whether any Vigilance case pending till date, (If yes, details of)?	
12	Whether Police Verification Report completed	
13	Whether Medical Examination Report completed	
14	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached)	
15	Whether ACR/ SAR for first 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached)	

Full Signature of Applicant with date

16	View of the Head of the Office (HOO) regarding application for confirmation	
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Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct

Signature of the Head of the Office (HOO) with seal