

**Government of West Bengal,
Department of Health and Family Welfare**

PROFORMA FOR APPLICATION FOR RESIGNATION FROM 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	Present Scale of Pay/ Level of Pay in Pay Matrix	
6	Present Basic Pay	
7	Date of Birth (DD-MM-YYYY)	
8	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Whether Confirmed or not {If yes , then date of confirmation (DD-MM-YYYY) with G.O. No.}	
11	Date of formal notice for Resignation (DD-MM-YYYY)	
12	Date of Resignation asked for (DD-MM-YYYY)	
13	Total length of service on the proposed date of Resignation (YY-MM-DD)	
14	Whether any period of absence pending for regularisation till date(if yes, details of)	
15	Reason for Resignation (Attach Documents if any)	
16	Whether any Disciplinary Proceeding is pending till date (If yes, details of)	
17	Whether any Vigilance case pending till date, (If yes, details of)?	
18	Whether the incumbent is continuing his service till date ? (Yes/No)	
19	Whether any period of 'Dies-Non'/ Break in Service, (if yes details of)	
20	Whether the applicant is serving any Government Bond Obligation period (If yes, details of)	
21	Whether there are any dues to be recovered from incumbent or not (If yes, details of)	
22	Whether Assets Declaration for Last 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

23	View of the Head of the Office (HOO) regarding application for Resignation	
----	--	--

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