

Government of West Bengal,
Department of Health & Family Welfare

**PROFORMA FOR APPLICATION FOR SANCTION FOR MOVEMENT TO PRE-REVISED PAY SCALE 19 FOR WBPH&AS AND
WBHS DOCTORS**

Sl No	Items	Response
1	Name (In Block Letter)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Whether Practising or Non-Practising	
6	Present Scale of Pay/ Level of Pay in Pay Matrix	
7	Present Basic Pay	Rs.
8	Date of Joining in the service (DD-MM-YYYY)	a. Through PSC b. Ad-hoc
9	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
10	Date of Confirmation of service (DD-MM-YYYY)	
11	Date of effect of Benefit of CAS II on 16 years of completed service (Pre-revised Scale 18)	
12	Date of completion of 25 years regular service (DD/MM/YYYY) :	
13	Scale of Pay/ Level of Pay in Pay Matrix following date of completion of 25 years regular service	
14	Basic Pay following date of completion of 25 years regular service	Rs.
15	Promotion, if any, to Selection or Super Selection Grade with date	
16	Whether any EOL granted during Service (If Yes, details of)	
17	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
18	Whether any period of absence pending for regularization (If yes, details of)	
19	Whether any Departmental Proceeding pending for completion (If yes, details of)	
20	Whether any Vigilance Case pending for completion: (If yes, details of)	
21	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached)	
22	Whether ACR/ SAR for the last 5 (five) years prior to date of completion of 25 years regular service have been initiated and 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 awarding benefit of CAS for completion of 25 years regular service	
24	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct	
24	Certified that Original and Completed (Upto the level of HOO) ACR or Acknowledgement slip for submission of SAR, as the case may be, of the applicant for last 5 (five) years prior to date of completion of 25 years regular service of the applicant have been submitted (in sealed cover in case of ACR) with this application	

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