

Government of West Bengal,
Department of Health & Family Welfare

PROFORMA FOR APPLICATION FOR COUNTING OF ADHOC SERVICE TOWARDS PENSIONERY BENIFIT

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 Joining in the service on Adhoc basis (DD-MM-YYYY)	
6	Date of Regularisation of Adhoc service (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether any EOL granted during present Service (If Yes, details of)	
9	Whether any period of "Dies-non" or Break in Service (If Yes, details of)	
10	Whether any period of absence pending for regularization (If yes, details of)	
11	Whether any Departmental Proceeding pending for completion (If yes, details of)	
12	Whether any Vigilance Case pending for completion: (If yes, details of)	

Full Signature of Applicant with date

13	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal