



Government of West Bengal  
Department of Health & Family Welfare  
Directorate of Health Services  
STATE HEALTH TRANSPORT ORGANISATION  
Swasthya Paribahan Bhawan  
142, A.J.C Bose Road, Kolkata-700 014

No- SHTO/ 671 / HFW-51011/11/2019

Dated, the 16<sup>th</sup> August, 2019

**EMPLOYMENT NOTICE**

Applications are invited in the prescribed format for engagement of Driver purely on contractual basis for a period of 01(One) year with a monthly consolidated remuneration of rupees 11500/- .

The details of vacancies are furnished below:

Zones	District	Number of Vacancies
Siliguri (27)	Alipurduar	6
	Coochbehar	2
	Jalpaiguri	8
	Darjeeling	6
	Kalingpong	2
	Uttar Dinajpur	3
Baharampur (25)	Dakshin Dinajpur	4
	Malda	4
	Murshidabad	4
	Paschim Bardhanman	6
	Birbhum	5
	Rampurhat HD	2
Paschim Medinipore (26)	Purulia	3
	Paschim Medinipore	7
	Purba Medinipore	3
	Bankura	2
	Bisnupur HD	2
	Nandigram HD	5
	Jhargram	4
Kolkata (72)	North 24-Parganas	4
	Basirhat H.D	2
	South 24-Parganas	6
	Diamon Harbour H.D	2
	Hooghly	4
	Howrah	6
	Kolkata	25
	Nadia	20
	Purba Bardhaman	3
	150	

*M*  
16/8/2019

## DETAILS OF THE TERMS & CONDITIONS

**A. TERMS OF ENGAGEMENT:** Purely on contractual basis for a period of 01(one) year. The consolidated monthly remuneration rupees 11500/-(Eleven thousands five hundred) only.

### **B. ELIGIBILITY**

#### **Essential Qualifications-**

I ) The applicant must be a citizen of India and should be a permanent resident of West Bengal (the residents of the respective zones will be preferred).

II ) Class VIII (eight) Pass from a recognized School.

III ) Must possess valid LMV –TR /LMV-Cab License  
(Candidates having heavy license will be preferred).

I v ) Experience for driving for five years ( to be counted up to 16.08.2019).

**Desirable-** Knowledge in running repairs of vehicles and practical experience of driving heavy vehicles for two years.

**Age Limit-** Not less than 21 years and not more than 40 years as on 01/01/2019 ,

Upper age limit for the SC/ ST is 45 years and for OBC 43 years.

### **C. SELECTION PROCEDURE**

(Total Marks-95)

1. Candidates shall be required to undergo a practical test on driving. Marks-40

2. i) Marks on category of driving licence- for Heavy Vehicles licence- Marks-05

ii) Marks on driving experience- Marks-30

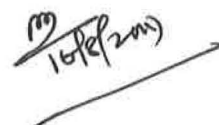
(For each completed year of experience @ 3 per year, Maximum-10 (ten) years)

3. Eligible candidates selected (zone wise) on the basis of the result of the practical test on driving, marks on heavy vehicle driving licence & driving experience taken together shall be required to appear at the Interview, Marks -20

4. Merit list (Zone wise) of the provisionally selected candidates will be prepared on the basis of marks obtained in all the above three parts.

### **D. HOW TO APPLY**

a) **Prescribe form:** - Prescribed format of application will be available in the department website [www.wbhealth.gov.in](http://www.wbhealth.gov.in) , which shall be printed on white A-4 size paper only.



The following documents shall have to be attached with the application:-

- (i) Identity proof. (PAN Card/ Passport / Voter Card / Aadhaar Card / e-Aadhaar Card with a photograph)
- (ii) Proof of address.( Voter Card / Aadhaar Card / e-Aadhaar Card with photograph / Passport / Driving License / Electric Bill / Telephone Bill)
- (iii) Two recent & identical passport size photographs duly signed by the candidates on the frontal portion of both the photographs ( one to be pasted on the top right hand corner of the application and the other to be stitched with the application)
- (iv) Proof of age-Birth Certificate/Pan Card/Admit Card of Madhyamik or Equivalent Examination/Passport /School Leaving Certificate
- (v) Driving License.
- (vi) Experience certificate on driving.

b) All the original documents as mentioned above will be verified at the time of interview. The candidates are required to submit application for one **zone only**.

**APPLICATION RECEIVED FOR MULTIPLE ZONES WILL BE SUMMARARILY REJECTED.**

c) The applications form duly filled in along with the prescribed documents should be submitted in the DROP BOX kept at **State Health Transport Organisation, Swasthya Paribahan Bhawan, 142, A.J.C Bose Road, Kolkata-700014.**

The envelop containing the applications should be superscribed as “APPLICATION FOR THE POST OF DRIVER ON CONTRCATUAL BASIS , ZONE.....”

**E. LAST DATE AND TIME OF RECEIPT OF APPLICATIONS IS 24<sup>th</sup>SEPTEMBER, 2019 BY 3.00 PM.**

- (i) No application will be received after the last date and time of receipt of application.
- (ii) Incomplete applications without required documents as laid down in para D (a) are liable to be rejected.

**F.** The contractual service condition will be as per existing Govt. rules and regulations. No claim for regularization in future in any manner will be entertained.

**H. Canvassing in any way will disqualify the candidate from being considered for the post.**

For further announcement all concerned are requested to visit Department website

[www.wbhealth.gov.in](http://www.wbhealth.gov.in)

Sd/- Susanta Pal

Deputy Director of Health Services

(Transport), West Bengal

**Application for the post of "DRIVER" on contractual Basis in  
State Health Transport Organisation**

To  
The Chairman  
Selection Committee for Contractual Driver  
State Health Transport Organisation  
Swasthya Paribahan Bhawan  
142, A.J.C Bose Road, Kolkata-700014

Space for  
Self attested  
recent  
passport size  
photograph

Applied for Zone:.....( Kolkata/Siliguri /Paschim Medinipore /Baharampur)

1. Name in Full:.....
2. Father's Name:.....
3. Date of Birth:...../...../.....(dd/mm/yyyy), Age as on 01.01.2019 .....
4. Do you have ability to read, write and speak in Bengali:- ..... (Yes/No)
5. State your mother tongue:- .....
6. Sex:-.....
7. Nationality:.....
8. Category:-Gen/SC/ST/OBC
9. Email Id:-..... Mobile Number:.....
10. Address for correspondence:-  
.....  
.....  
.....  
Police Station.....Pin Code:.....
11. Permanent Residential Address:-  
.....  
.....  
.....  
Police Station.....Pin Code:.....
12. Qualifications:- Class VIII pass & onwards

Examination	Exam/Course	Year of passing	Name of board/council/ university	Division/class /Grade	Marks%	Remarks

13 Driving License details

Unique Driving License Number:-

Category of Driving License	Date of Issue	Valid Till
LMV		
LMV-TR		
LMVCAB		
TRANS		
PSVBUS		

14 Whether having Experience, If yes please specify:-

Name of the post	Temporary/ Permanent/ Contractual	Office Where employed	Date of Joining	Date of leaving	Year of Experience

15 Whether any Criminal case is initiated/pending against you:- YES/NO.

If yes, please furnish the details:-

I do hereby declare that above particulars are true to the best of my knowledge and belief.

Date:-

Place:-

\_\_\_\_\_

(Full Signature of the Applicant)