



West Bengal State Electricity Distribution Company Limited

(A Government of West Bengal Enterprise)

CIN:U40109WB2007SGC113473

Corporate ES & ER – I Cell

Vidyut Bhawan (8th Floor : Block 'D') : Bidhannagar,
Block - DJ, Sector – II, Kolkata – 700 091.

Phone(Fax)No:033-23590386

Email: eseri.wbsedcl@gmail.com

Memo No: ES&ER-I/ESTB/ 366

Date: 27.02.2020

MEDICAL FITNESS TEST FOR CANDIDATES PROVISIONALLY SHORTLISTED FOR THE POST OF ASSISTANT ENGINEER(MECHANICAL)/ASSISTANT ENGINEER(IT&C)

REF: NOTIFICATION NO: MPP/2019/03

The candidates as per enclosed list have been provisionally shortlisted for Medical Fitness Test to be held on **6th March 2020 at 8 A.M** at the **AMRI Hospitals Ltd, JC-16&17, Sector-III, Saltlake City, Kolkata-700091**. Guideline for medical examination is enclosed.

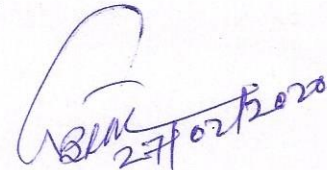
The candidates are also requested to submit an affidavit in non-judicial stamp paper of denomination of Rs.10/- or above as per the format for affidavit enclosed, to the WBSEDCL representative present at the venue of medical examination on 06.03.2020 or at the Corporate Office, ES&ER-I Cell, Block-D, 8th Floor, Vidyut Bhavan, Kolkata-700091 within two days from the date of medical examination.

In case any candidate fails to attend the medical examination on the scheduled date i.e. on 06.03.2020, the incumbent is advised to email a request letter at eseri.wbsedcl@gmail.com, stating valid reasons, for rescheduling of the medical examination which will be duly considered and accordingly intimated to him/her as per discretion of the competent authority.

Name of candidate/(s) featured in the following list, who is/are presently serving WBSEDCL is/are not required to submit Affidavit. Further formalities will be intimated to them in due course.

List of Enclosures:

1. Candidates provisionally shortlisted for Medical Fitness Test.
2. Guideline for Medical Examination.
3. Format for Affidavit.


(A.K.Bhattacharya)
G.M.(HR&A);WBSEDCL

**PROVISIONALLY SHORTLISTED CANDIDATES CALLED FOR MEDICAL FITNESS
TEST FOR THE POST OF ASSISTANT ENGINEER(MECH./IT&C)**

POST: ASSISTANT ENGINEER(MECHANICAL)

SL. NO.	APPLICATION NO	CANDIDATE NAME	FATHER'S NAME	DOB
1	2001843	SUJOY ROY	JOGESH CHANDRA ROY	9/12/1993
2	2003298	ANJAN KARMAKAR	JABAR KARMAKAR	5/2/1994
3	2003324	MD AMINUL ISLAM AKON	AJIJUL ISLAM AKON	19/03/1994
4	2002545	RAJESH RAY SINGHA	MRINAL KANTI RAY SINGHA	1/11/1997
5	2005705	SUBHADIP SAHOO	DIPAK SAHOO	25/02/1997
6	2000168	SANTANU PRAMANIK	DURGA CHARAN PRAMANIK	1/2/1995
7	2002984	SAYANTAN NASKAR	KRISHNA KANTA NASKAR	31/01/1996
8	2002877	SWADESH KUMAR MONDAL	ANANTA KUMAR MONDAL	29/07/1996
9	2003929	SUKANTA MONDAL	AKUL CHANDRA MONDAL	19/08/1996
10	2004093	SERU MOMIN	WAHED MOMIN	3/3/1996
11	2005652	VISHAL SHAW	LAXMAN SHAW	24/04/1996
12	2003541	SOURAV PRAMANIK	SUBRATA PRAMANIK	19/03/1998
13	2003301	SANTANU PAUL	NAGENDRA NATH PAUL	6/7/1997
14	2000297	RUSTAM ORAON	RAJU ORAON	3/10/1997
15	2001244	RAKESH KUMAR	RAJ KAPOOR SINGH	10/11/1995

POST: ASSISTANT ENGINEER(IT&C)

SL. NO.	APPLICATION NO	CANDIDATE NAME	FATHER'S NAME	DOB
1	2004548	SOUMYADIP MAJUMDAR	LATE SUBRATA MAJUMDAR	17/12/1995
2	2003840	FASAHAT HUSSAIN	ARSHAD HUSSAIN	13/12/1995
3	2003835	ZAHID WAKEEL	MD AKIL ANSARI	21/05/1994
4	2001593	PALLAB NANDI	SWAPAN NANDI	26/01/1998
5	2002819	SAMANWAY SAHOO	SATYANARAYAN SAHOO	22/01/1996
6	2001140	PANKAJ KUMAR GUPTA	RAJIV KUMAR GUPTA	18/08/1997
7	2000786	SAURAV ROY	SWAPAN KUMAR ROY	21/12/1992
8	2001116	MRIGANKA SUNDAR MONDAL	BIMAL CHANDRA MONDAL	18/03/1983
9	2005664	SHANKAR ROY	MANINDRA NATH ROY	29/09/1993
10	2002518	SABIRUDDIN AHMED	KAMARUDDIN AHMED	9/10/1992
11	2000395	ANANT LAL	RAM SWARTH ROY	5/4/1994
12	2005787	SUMIT NARJARY	SUSHEN NARJARY	26/10/1995

WBSEDCL

Guidelines for Medical Examination

1. He/She is advised to report at Health Check up department on 06.03.2020 at 8:00 a.m. at AMRI Hospitals Ltd, JC-16&17, Sector-III, Saltlake City, Kolkata-700091.
2. He/She should bring with him/her the photocopy of the Call letter issued for Interview containing his/her photograph for verification of his/her Identity. In case the same is not readily available any valid identity card (example-voter I.D. card/Passport/Driving License/Aadhar Card/Pan Card or any other valid ID Proof having his/her photograph) may be produced.
3. He/She should report for Medical check-up there in EMPTY STOMACH for necessary Tests/Examinations.
4. No Travelling Allowance/Travelling Expenses will be paid.
5. The report of Medical Test shall be forwarded directly to WBSEDCL by the hospital authority.
6. In case of any difficulty, the candidates may contact the following person :

A) Reena Dash, Mob. No: 9831833260

ADDRESS OF THE HOSPITAL

AMRI Hospitals Ltd.
JC-16&17, Sector-III, Saltlake City,
Kolkata-700091

AFFIDAVIT

Affidavit to be sworn in before the 1st Class Judicial Magistrate for obtaining appointment letter provisionally subject to subsequent satisfactory Police Verification and Caste Certificate verification.

I, Sri / Smt. Son / daughter of of (address)

Aged..... Religion..... do hereby solemnly affirm as follows :

1. That I applied for the post of Under WBSEDCL.
2. That I have been called for Pre-employment Medical Examination for the said post.
3. That I have never been / have been arrested (give details, if "have been" applicable).
4. That I have never been / have been convicted by any court of law for any offence or charge sheeted by police in connection with any criminal proceedings. (give details, if "have been" applicable).

The above particulars are true and correct to the best of my knowledge and belief.

5. That I understand that on the basis of this Affidavit, I shall be appointed under WBSEDCL for one year provisionally subject to subsequent satisfactory Police Verification Report and verification of Caste Certificate. I also understand that in the event of any adverse report regarding Caste certificate and / or PVR against me, I shall be liable to be terminated from the services of WBSEDCL forthwith and in that event I shall not have any claim for the job / service under WBSEDCL.

Signature of the Deponent

Solemnly affirmed before me

The Deponent is identified by me

Advocate

Regn/Enrollment No:

N.B.:- Mention only the option which is applicable for the incumbent i.r.o. Para 3 &4