

# **GORKHALAND TERRITORIAL ADMINISTRATION**

**Directorate of Cinchona and Other Medicinal Plants,  
West Bengal**

**Notice: Engagement of Two (2) Data Entry Operators (DEOs) on Temporary & Contractual basis in the Directorate of Cinchona and Other Medicinal Plants, West Bengal, P.O.Mungpoo, Dist-Darjeeling.**

Applications are invited from eligible candidates for the two (2) posts of Data Entry Operator (DEO) purely on temporary and contractual basis in the Directorate of Cinchona and Other Medicinal Plants, West Bengal, Mungpoo compliance with GO No. 5859 –F(Y) dated. 22/07/2013 and 1032-F(P2) dated 08.02.2021 of Government of West Bengal, Finance Department.

- 1. Name of the Post:** Data Entry Operator (DEO)
- 2. Eligibility criteria:** Graduation with Certificate in Computer Applications
- 3. Remuneration :** Rs 13000 per month (Consolidated)
- 4. Nature of engagement:** Is purely on “temporary and contractual basis” initially for a period of one year which may be renewed on Monthly or Yearly basis on discretion of the highest authority of the Department and the performance of the candidate and the tenure of the project.
- 5. Age:** 18 to 40 years as on 01.01.2022.
- 6. Application procedure:**
  - i. Download the application form from <https://www.wbfpih.gov.in> and <https://www.darjeeling.gov.in>
  - ii. Fill in the downloaded forms and
    - a) Send the same by post addressed to the Director, Directorate of Cinchona and Other Medicinal Plants, West Bengal, P.O.-Mungpoo, District - Darjeeling – 734313 by **12<sup>th</sup> Feb 2022.**
    - OR
    - b) Drop it in the earmarked box placed at the office of the Director, Directorate of Cinchona and Other Medicinal Plants, West Bengal, P.O.-Mungpoo, District - Darjeeling – 734313 by **12<sup>th</sup> Feb 2022.**
  - iii. Self attested photocopy of the following documents to be attached with the application and which is mandatory.

- a) Copies of Certificates and mark sheets of Educational Qualifications, Certificate in Computer Application.
- b) Copy of Birth certificate/ Admit card of Madhyamik or equivalent as age proof.
- c) A copy of document as a proof for residential address (preferably Aadhar card/ Voter card/Passport)
- d) Copy of caste certificate if any
- e) Copy of experience certificates if any

**7. One self addressed Envelope with a postage stamp of Rs. 10/- duly affixed on it should also be attached with the application.**

**8. The ADMIT CARD form should also be filled up by the applicant except Roll. No which will be provided by the Office later on.**

**9. Last date of submission of application: 12<sup>th</sup> Feb 2022.**

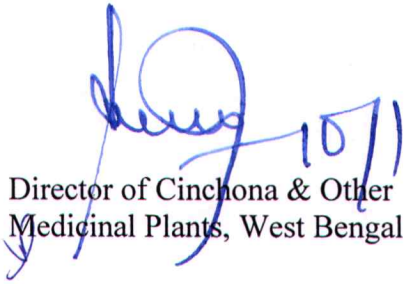
**10. Application Fees:** No fees for all.

**11. Terms and Conditions:**

- a. The engagement will be purely on “temporary and contractual basis” initially for a period of one year which may be renewed on Monthly or Yearly basis on discretion of the highest authority of the Department and the performance of the candidate and the tenure of the project.
- b. The qualifications prescribed in the advertisement are as per the notified rules issued by Government.
- c. Candidates must have to mention valid email id and mobile number in the application form.
- d. Submission of more than one application is strictly forbidden. The candidature of a candidate, who submits more than one application for admission to the selection procedure, will be cancelled even if he/she is admitted to the same.
- e. The prescribed ‘qualifications’ are the bare minimum and mere possession of the same and does not entitle applicants to be called for the interview/selection procedure. Where the number of applications received in response to an advertisement is large and it is not conveniently possible for the Department to interview all the applicants, the Department may restrict the number of candidates to be called for interview to a reasonable limit on the basis of either higher qualification /higher marks/ grade

obtained or on the basis of a Written Test/ Group Discussion/ Practical Test as decided by the authority. No TA/DA shall be allowed.

- f. After screening of the applications, eligible candidates would be intimated in due course for attending the written test/group discussion/practical test/ interview at each stage.
- g. If at any stage even after issue of a letter of engagement; a candidate is found ineligible in terms of the advertisement his/her candidature will be cancelled without further reference to him/her.
- h. Decision of the Selection Committee and authority of the Department shall be final and also reserves the right to cancel/postpone the entire process at any point of time without saying any reasons and an information in this regard will be published in the official website of this Department
- i. Directorate of Cinchona and Other Medicinal Plant, Government of West Bengal will not be liable in case of postal/courier delay to reach the applications within due date at the desired place as mentioned above.
- j. CANVASSING IN ANY FORM WILL DISQUALIFY THE CANDIDATURE



Director of Cinchona & Other  
Medicinal Plants, West Bengal

**APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATOR  
(DEO) IN THE  
DIRECTORATE OF CINCHONA AND OTHER MEDICINAL PLANTS  
WEST BENGAL  
ON CONTRACTUAL BASIS**

(To be filled up in English & Block Letter only)

Personal Details

Applicant's Name: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|   |
|---|
| Self-Signed<br>recent coloured<br>passport size<br>photograph duly<br>attested by<br>Gazetted Officer |
|---|

City/Town: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Father`s Name/ Husband`s Name: \_\_\_\_\_

Gender : \_\_\_\_\_ Date of Birth(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as on 01-01-2022 : \_\_\_\_\_ (YY) \_\_\_\_\_ (MM) \_\_\_\_\_ (DD)

Nationality \_\_\_\_\_ Caste: \_\_\_\_\_

Whether any criminal case is initiated / pending against you:- YES / NO

**QUALIFICATION DETAILS (AS ON 01-01-2022):**

| Sl. No. | Examination Passed | BOARD/UNIVERSITY | Year Of Passing | % of Marks |
|---------|--------------------|------------------|-----------------|------------|
| 1.      |                    |                  |                 |            |
| 2.      |                    |                  |                 |            |
| 3.      |                    |                  |                 |            |
| 4.      |                    |                  |                 |            |
| 5.      |                    |                  |                 |            |

**WORKING EXPERIENCE:**

| Sl. No | Name of the Company/<br>Organization | Duration |    | Nature Of Job |
|--------|--------------------------------------|----------|----|---------------|
|        |                                      | From     | To |               |
|        |                                      |          |    |               |
|        |                                      |          |    |               |
|        |                                      |          |    |               |
|        |                                      |          |    |               |

**Declaration:** I hereby declare that all the information given above by me in this application is true and correct to the best of my knowledge and belief. I also note that if any of the above statements are found to be incorrect or false or any information particulars have been suppressed or omitted in this form, I am liable to be disqualified for requisite test or if selected my appointment will be cancelled without any compensation in lieu of notice.

Date:

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Signature of the Candidate

**ADMIT CARD FOR EXAMINATION OF DATA ENTRY OPERATOR ON  
CONTRACTUAL BASIS IN THE DIRECTORATE OF CINCHONA & OTHER  
MEDICINAL PLANTS, WEST BENGAL**

(To be filled up in English & Block Letter only)

Name of the Candidate.....

Father's Name / Husband's Name.....

Permanent Address.....

.....

Roll No (To be filled up by Office) .....



Signature of the Candidate  
(To be signed in presence of the  
Invigilator on the date of Examination)

Authorized signatory  
for DCOMP