

Government of West Bengal Office of the District Inspector of Schools (S.E.) Bankura

Memo No. . . 18 47/S

Dated Bankura the, 24-6-19

From

: The District Inspector of Schools (S.E.), Bankura.

To

: The Head of the Institution of all schools under Bankura District.

Subject: - Vetting of fixation of pay by the concerned Joint Director/Deputy Director/ Assistant Director of Accounts, School Education Department..

Ref:-This office Memo dated 29.05.2019, bearing no. 1608/S.

In continuation with the previous office memo as stated above under reference, the undersigned has to request him/her to submit papers as noted below along with filled up format enclosed herewith. All documents have to be submitted in separate cover file for each employee within the given time schedule. No original copy is required at present, attested photocopies only to be submitted. Contact number of the HOI along with the concerned employee must be written on the submitted file for making contact if required. This may be treated urgent and any delay in this regard to be viewed seriously from this end.

Phases	Papers to be submitted	Last date of submission
1st Phase	Service Book, all approvals(Joining,	
For those employees who will	18 years, AHM/HM/ Ph.D, Higher	-
retire within 31.12.2022.	Scale etc) SSC recommendation,	15.07.2019
	IPF of different ROPA(s) with Option	
	forms etc.	1.
2 nd Phase	Do	
For those employees who will		
retire between 01.01.2023 and		31.07.2019
31.12.2025		
3 rd Phase	Do	
For For those employees who		
will retire between 01.01.2026		15.08.2019
and 31.12.2030		
4 th Phase	Do	
For those employees who will		31.08.2019
retire between 01.01.2031		
and onwards.		

District Inspector of Schools (S.E)

1619 Bankura

VETTING OF PAY FIXATION OF THE EMPLOYEE OF NON-GOVERNMENT SPONSORED/ADED EDUCATIONAL INSTITUTION.

Date of 1st Joining

Date of Effect

Date

(Vide Memo No- 614-SE(Admn.)/10M-37/2019 dated:- 6.05.2019)

Date

Memo No

5.Other Approvals(viz. 18 years/Higher Scale/ AHM/HM etc.):

1.Name of the Institution:-2.Name of the Employee:-

4. Details of 1st entry into service:

3.Designation:-

Nature of Approval

6.Previous service Details:-

Memo No

SI No	No Name of School(s)				Designation				Service Period			
								From		То		
	.,											
/.Edu	icational Qua	lificatio	n with I i	aining	g Detai	ıs(Ser	vice Ent	ry Qua	lificatio	n):-		
SI No		Name of the Examination			Board/ University			tv	Year of Passing			
									,	Tear of Fassing		-0

							-					
			•									()
	1			-						.1		
8.Sub	sequent Acad	demic C	lualificat	ion Im	prove	ment,	if any:-					
SI No		Name	of the	Т	Board	/ Uno	vorcity	Lact D	ato of	1	Date of F	Publication of Resul
SI NO		Name of the Examination			Board/ Uneversity		versity	Last Date of Exam.		Date of F	ublication of Resul	
		CAUTT	mation					LAGITI	•)			:
								2			-	
9.Pos	t Appointmer	t Traini	ng Detai	ls:								
SI No		Name of the			Board/ University		ersity	Last Date of		Date of Publication of Resu		
31 140		Examination			Board, Chivers		cisicy	Exam.		Date of 1	abilitation of fiesal	
			, , , , , , , , , , , , , , , , , , , ,									
10.Le	ave Details:-	.l	u.u.									
	-		,				-		7			
SI	Nature of Le	Nature of Leave No of From(Wheth leave v	AND STATES		If "No" Mention Reason for not			
No			Days	Date	e) Date		Date) leave v				sanctioning	
							not?(Y		Resolut			
									& Date		1	
			-				-					
	1						1		l		<u> </u>	
					*							
			Au	thent	icated	bv the	Head					

if the Institution with seal
President (* in case of H.M/T.I.C)

11. Pay Details(Since 1st Joining):-

Date of Increment / Change of Pay	Scale/ Pay Band	Pay /Pa in Pay Band (A)	Grade Pay(B)	Basic Pay (A+B)	Remarks
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					- (1)
	,				
					43.515
7					
					-
1					

SUBMIT THIS FILLED IN FORMT AT THE TIME OF SUBMISSION OF SERVICE BOOK WITH RELEVENT PAPERS OF ALL EMPLOYEES.(According to seniority in **Age**)

Sub-	Division:					
SI No	Name of the Employee(s)	Designation	Date of Birth(As per M.P Admit Card)	Date of Retirement	File send to A.I/S(For Office use)	Signature of Receiver with date(For Office use)
			3			
			-			
			9			
8						<u> </u>
						8
X						
						9 2

Signature of the Head of the Institution with seal

Name of School:

Block:

NAME OF SCHOOL:	
NAME OF EMPLOYEE:	
DESIGNATION:	
BLOCK:	
SUB-DIVISION:	
HOI CONTACT NO:	
EMPLOYEE CONTACT NO:	