



Date: 19/11/2022

NOTICE

Members of the substantive Teaching staff are hereby informed that those who wish to enroll in The West Bengal Health Scheme (WBHS) under the Beneficiaries of Grant-in-aid Colleges and Universities, 2017 may do so by 30th November 2022. The relevant provisions of the scheme may be obtained from Higher Education Department Memo No. 1020-Edn(CS)/1M-01/2017, dated 29/08/2018.

For online enrollment, kindly follow the guidelines shared along with this notification and once you successfully enroll yourself and your family members (if applicable), kindly submit a printed copy of the acknowledgement to Sri Debayan Sen for further processing by the Head of the Institute.

Deadline for submission of Acknowledgement form duly signed by the Incumbent is 03rd December 2022, 2 p.m.

Please note that the Medical Allowance of Rs.500/- will be stopped as and when the WBHS registration is approved and comes to effect. This shall be notified in due course of time.

During enrollment, you shall need some information from the Accounts Office, kindly collect them in advance before you begin with the online registration process. Please reach out to the following personnel for such information:

1. Sri Debayan Sen
2. Sri Sukamal Biswas


Vice-Principal
Vice-Principal
ASUTOSH COLLEGE
KOLKATA-700 026

WEST BENGAL HEALTH SCHEME

For Grant-in-Aid Colleges & Universities

User Manual

Online Registration

for

College Teachers

START



WEST BENGAL HEALTH SCHEME PORTAL



Finance Department, GoWB

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Login (Ddo, Hco, To Etc.)

User Id:

Password:

Calculate: 22 + 15 =

Validation:

[OK](#) [CANCEL](#)

[Forgot Password?](#)

- [36-F\(MED\)WB.pdf.....](#)
- [35-F\(MED\)WB.pdf.....](#)
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- [10-F\(MED\)WB.pdf.....](#)
- [08-F\(MED\)WB.pdf.....](#)
- [05-F\(MED\).pdf.....](#)
- [1064-F\(MED\)WB.pdf.....](#)

Welcome to "West Bengal Health Scheme"

NOTIFICATION NO. 1018-F(MED)WB DATED 25/11/2016

- OPERATOR LOGIN IS NOW AVAILABLE, ALL DDOS ARE REQUESTED TO CREATE OPERATOR LOGIN.
- ALL DDOS ARE REQUESTED TO UPDATE EMPLOYEE NO.(HRMS ID) IN HEALTH PORTAL FROM THEIR LOGIN ID.
- EMPLOYEES ARE REQUESTED TO CREATE EMPLOYEE LOGIN ID & PASSWORD IMMEDIATELY FROM EMP/PEN LOGIN MENU.



GOVT. PENSIONER ALREADY COMPLETED CASHLESS ONLINE ENROLMENT (wbhealthscheme.gov.in) as GOVT EMPLOYEE NEED NOT APPLY AFRESH FOR ONLINE ENROLMENT AS PENSIONER. CONCERNED DDO WILL CONVERT RETIRED GOVT. EMPLOYEE AS PENSIONER FROM THE OPTION GIVEN IN DDOS LOGIN.

NO. OF USERS ONLINE: 128



Order :No. 1018-F(MED)WB

Government Employees / Pensioners may avail reimbursement treatment facility on and after 01.04.2017 with old manual WBHS, 2008 card in the HCOs but their all types of reimbursement treatment claim bill will be processed from Head of Office / DDO end after completion of Online Enrolment and Issuance of Certificate of Enrolment from respective DDO. Online Certificate for Enrolment for settlement of reimbursement claim under the said scheme on and after 01.04.2017 will be mandatory.

[Read More](#)



[Click Here](#)

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VISITOR COUNT: 549 LAUNCHED ON: 15/09/2014 LAST UPDATED: 12/27/2018 11:41:41 AM



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[Procedure and guidelines for online Application under 'Medical Benefit for University & College Teachers\(Grant-in-AID\),2018'](#)

HOW TO PUT YOUR INFORMATION DURING ONLINE APPLICATION UNDER HEALTH SCHEME FOR COLLEGE TEACHERS.DOWNLOAD 

HOW TO PUT YOUR INFORMATION DURING ONLINE APPLICATION UNDER HEALTH SCHEME FOR UNIVERSITY TEACHERS.DOWNLOAD 

SELECT UNIVERSITY OR COLLEGE TEACHERS

UNIVERSITY

COLLEGE

Click to Continue

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Step-1
Select College

Step2
Click here to continue

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ONLINE REGISTRATION FOR COLLEGE:

TO REDUCE MISTAKES YOU CAN DOWNLOAD AND FILL UP THIS FORM MANUALLY AND THEN PROCEED.

TO DOWNLOAD OFFLINE FORM CLICK HERE 

Enter HRMS ID No.

G-

[OK](#)

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE. IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT PROCESS BUT COULD'NT DOWNLOAD OR TAKE PRINTOUT OF YOUR FILLED UP APPLICATION FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID NUMBER IN DESIRED PLACE AND AFTER THAT PRINT BUTTON WILL BE AVAILABLE TO YOU FOR PRINTING YOUR APPLICATION FORM.

Content provided by the
Site designe

Enter your HRMS ID (Only Numeric Part)

Note: - Please enter your valid HRMS ID as provided by Grant-in-Aid College

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TO DOWNLOAD OFFLINE FORM CLICK HERE 

Enter HRMS ID No.

G-

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ONLINE REGISTRATION FOR COLLEGE:

TO REDUCE MISTAKES YOU CAN DOWNLOAD AND FILL UP THIS FORM MANUALLY AND THEN PROCEED.

TO DOWNLOAD OFFLINE FORM CLICK HERE 

HRMS/UNIQUE ID No.

G0123456789

Enter Date of Birth.

DD/MM/YYYY

Save

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE. IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT AND YOU HAVE FILLED UP APPLICATION FORM, YOU SHOULD PRINT IT IN DESIRED PLACE AND AFTER THAT PRINT AND SIGN YOUR APPLICATION FORM.

After clicking on OK button, Date of Birth input box will appear. Click on the box and select date of Birth from the calendar

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ONLINE REGISTRATION FOR COLLEGE:

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TO DOWNLOAD OFFLINE FORM CLICK HERE 

HRMS/UNIQUE ID No.

G0123456789

Enter Date of Birth.

DD/MM/YYYY

January, 2019						
Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9
Today: January 1, 2019						

PLEASE COLLECT YOUR DDO CODE FROM YOUR COLLEGE NURSING OFFICER BEFORE COMPLETING YOUR ENROLLMENT PROCEDURE. IF YOU ARE IN THE PROCESS BUT COULDN'T DOWNLOAD OR TAKE THE PDF FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID IN THE PDF FORM. THE PDF BUTTON WILL BE AVAILABLE TO YOU AFTER THAT.

PLEASE COLLECT YOUR DDO CODE FROM YOUR COLLEGE NURSING OFFICER BEFORE COMPLETING YOUR ENROLLMENT PROCEDURE. IF YOU ARE IN THE PROCESS BUT COULDN'T DOWNLOAD OR TAKE THE PDF FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID IN THE PDF FORM. THE PDF BUTTON WILL BE AVAILABLE TO YOU AFTER THAT.

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Select your Date of Birth from Calendar

NEXT



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TO REDUCE MISTAKES YOU CAN DOWNLOAD AND FILL UP THIS FORM MANUALLY AND THEN PROCEED.

TO DOWNLOAD OFFLINE FORM CLICK HERE 

HRMS/UNIQUE ID No.

Enter Date of Birth.

Save

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE. IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT PROCESS BUT COULDN'T DOWNLOAD OR TAKE PRINTOUT OF YOUR FILLED UP APPLICATION FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID NUMBER IN DESIRED PLACE AND AFTER THAT PRINT BUTTON WILL BE AVAILABLE TO YOU FOR PRINTING YOUR APPLICATION FORM.

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Click Save to continue

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Registration Successful.Click Next To continue.

OK

Now you can see the Registration Successful message box

Click OK to continue

TO REDUCE MISTAKES YOU

UALLY AND THEN PROCEED.

TIQUE ID No.

G1023456789

Enter Date of Birth.

01/01/2000

Next

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE.IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT PROCESS BUT COULD'NT DOWNLOAD OR TAKE PRINTOUT OF YOUR FILLED UP APPLICATION FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID NUMBER IN DESIRED PLACE AND AFTER THAT PRINT BUTTON WILL BE AVAILABLE TO YOU FOR PRINTING YOUR APPLICATION FORM.

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TO DOWNLOAD OFFLINE FORM CLICK HERE 

HRMS/UNIQUE ID No.

G1023456789

Enter Date of Birth.

01/01/2000

[Next](#)

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE. IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT PROCESS BUT COULDN'T DOWNLOAD OR TAKE PRINTOUT OF YOUR FILLED UP APPLICATION FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID NUMBER IN DESIRED PLACE AND AFTER THAT PRINT BUTTON WILL BE AVAILABLE TO YOU FOR PRINTING YOUR APPLICATION FORM.

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ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS

APPLICATION ID NUMBER:
HRMS/UNIQUE ID:
DATE OF BIRTH:

G102345678901012000
G1023456789
01/01/2000

First Name:*

Enter your First Name

Last Name:*

Enter your Last Name

(Middle Name + Surname)

Gender:*

Select your Gender

Marital Status:*

Select your marital status

Residing District:*

Select your District

Permanent Address:*

Enter your Address

Mobile No.:*

Enter your Mobile No.

Email Address:*

Enter your Email Id.

Residence Phone Number:

Enter your Phone No.

Select Identity Proof:*

Voter Card Pan Card Aadhar Card

Select your ID proof

Identity Proof No.:

Enter your selected id. Proof no.

Bank Details

Name of The Bank:

Select your Bank Name

Branch Name:

Enter Branch Name

Bank IFS Code:

Enter IFSC code

Account No.:

Enter your account no.

These fields are optional

[Save & Continue](#)

This is Personal Details Tab(1st tab), here you put your personal details only

[PREVIOUS](#)

[NEXT](#)



ONLINE REGISTRATION FOR GRANT-IN-AID COLLEGES

PERSONAL DETAILS

APPLICATION ID NUMBER:	G102345678901012000
HRMS/UNIQUE ID:	G1023456789
DATE OF BIRTH:	01/01/2000
First Name:*	JOHN
Last Name:*	SMITH
	(Middle Name + Surname)
Gender:*	MALE
Marital Status:*	UNMARRIED
Residing District:*	KOLKATA
Permanent Address:*	WEST BENGAL
Mobile No.:*	9875621311
Email Address:*	abc@def.in
Residence Phone Number:	
Select Identity Proof:*	<input type="radio"/> Voter Card <input type="radio"/> Pan Card <input checked="" type="radio"/> Aadhar Card
Please enter Aadhar Card No.	0000000000000000
Bank Details	
Name of The Bank:	Select Bank
Branch Name:	
Bank IFS Code:	
Account No.:	

Save & Continue

After putting your all information click on Save & Continue Button

THE INPUTS WITH "*" MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION ALSO FOR AVAILING THE CASHLESS BENEFITS.

PREVIOUS

NEXT

Please fill Office Details next...

OK

Read this Message

Click OK to continue

PREVIOUS

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ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS OFFICE LOCATION

APPLICATION ID NUMBER: **G102345678901012000**
HRMS ID: **G1023456789**
DATE OF BIRTH: **01/01/2000**

College District:*

Select your College District

Name of College:*

Select your College Name

Sub-Division:*

Select your Sub Division

Block:*

Select your Block

Full Address(College):*

Enter your College address

Date of Entry Into College Service:*

Select your Joining Date

Designation:*

Select your Designation

Pay Band:*

Select your Pay Band

Grade Pay:*

Select your Grade pay

Band Pay:*

Enter your Band Pay

Basic Pay: Grade Pay + Band Pay

This is Office Details Tab(2nd tab), here you put your Office details only

PREVIOUS

Click here to go previous tab

Previous

Save & Continue

NEXT

THE INPUTS WITH '*' MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.



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ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS OFFICE LOCATION

APPLICATION ID NUMBER: **G102345678901012000**
HRMS ID: **G1023456789**
DATE OF BIRTH: **01/01/2000**

College District:*

Name of College:*

Sub-Division:*

Block:*

Full Address(College):*

Date of Entry Into College Service:*

Designation:*

Pay Band:*

Grade Pay:*

Band Pay:*

Basic Pay: **Grade Pay + Band Pay**

After putting your all information click on Save & Continue Button

[PREVIOUS](#)

[Previous](#) [Save & Continue](#)

[NEXT](#)

THE INPUTS WITH '*' MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

Please fill family Details next...

OK

Read this Message

Click OK to continue



ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS

OFFICE LOCATION

FAMILY DETAILS

APPLICATION ID NUMBER:

G102345678901012000

HRMS ID:

G1023456789

DATE OF BIRTH:

01/01/2000

APPLICANT NAME:

JOHN SMITH

Name of Beneficiary:*

JOHN SMITH

Date of Birth of Beneficiary:*

01/01/2000

Age: 18

Relation with Applicant:*

SELF

Monthly Income of Beneficiary:*

Blood Group:*

SELECT BLOOD GROUP

Select Identity Proof:*

Voter Card Pan Card Adhar Card

Adhar Card No.

000000000000000000

Upload Photo: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



Upload Signature: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



Click here to go previous tab

Previous

Save

THE INPUTS WITH "*" MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

This is Family Details Tab(3rd tab), here you put your Beneficiary details only.

Enter Monthly Income

Select your Blood Group

Browse and upload your Photo

Browse and upload your Signature

PREVIOUS

NEXT



ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS

OFFICE LOCATION

FAMILY DETAILS

APPLICATION ID NUMBER:

G102345678901012000

HRMS ID:

G1023456789

DATE OF BIRTH:

01/01/2000

APPLICANT NAME:

JOHN SMITH

Name of Beneficiary:*

JOHN SMITH

Date of Birth of Beneficiary:*

01/01/2000

Age: 18

Relation with Applicant:*

SELF

Monthly Income of Beneficiary:*

50000

Blood Group:*

O+

Select Identity Proof:*

Voter Card Pan Card Adhar Card

Adhar Card No.

000000000000000000

Upload Photo: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... 4234_P_Deb..._Photo.jpg



Upload Signature: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... 4234_S_Deb...r_Sign.jpg



Previous

Save

Click on save to save the Beneficiary data

THE INPUTS WITH "*" MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

PREVIOUS

NEXT

In Family Details Tab you have to enter yourself as a 1st Beneficiary

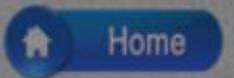


WEST BENGAL HEALTH SCHEME PORTAL

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Finance Department, GoWB



DETAILS INSERTED SUCCESSFULLY FOR-JOHN SMITH

OK

Read this Message
1st Beneficiary details
inserted successfully

Click OK to continue

PREVIOUS

NEXT



ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS

OFFICE LOCATION

FAMILY DETAILS

APPLICATION ID NUMBER: **G102345678901012000**
 HRMS/UNIQUE ID: **G1023456789**
 DATE OF BIRTH: **01/01/2000**
 APPLICANT NAME: **JOHN SMITH**

Name of Beneficiary:*

Date of Birth of Beneficiary:* Age:

Relation with Applicant:*

Monthly Income of Beneficiary:*

Blood Group:*

Select Identity Proof:* Voter Card Pan Card Adhar Card

Upload Photo: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

No file selected.



Upload Signature: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

No file selected.



ID NO.	NAME	DATE OF BIRTH	AGE	RELATION	MONTHLY INCOME	PHOTO	SIGN	BLOOD GROUP
G1023456789/1	JOHN SMITH	01/01/2000	18	SELF	50000			O+

THE INPUTS WITH "*" MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

After successful insertion of every Beneficiary details all Beneficiary details are displaying below the Family Details Tab.

PREVIOUS

NEXT

PERSONAL DETAILS OFFICE LOCATION FAMILY DETAILS

APPLICATION ID NUMBER: **G102345678901012000**
HRMS/UNIQUE ID: **G1023456789**
DATE OF BIRTH: **01/01/2000**
APPLICANT NAME: **JOHN SMITH**

Name of Beneficiary:*

Date of Birth of Beneficiary:* Age:

Relation with Applicant:*

Monthly Income of Beneficiary:*

Blood Group:*

Select Identity Proof:* Voter Card Pan Card Adhar Card

Please enter Adhar Card No.

Upload Photo: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)
 G111122223...Photo.jpg



Upload Signature: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)
 G111122223..._Sign.jpg



Then you have to fill up all the Beneficiary details step by step.

After insertion of all Beneficiary details, Click on Save Button to save the details

PREVIOUS

Previous **Save** Next

NEXT



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DETAILS INSERTED SUCCESSFULLY FOR-KATHI SMITH

OK

Click OK to continue

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[NEXT](#)

Select Identity Proof:*

Voter Card Pan Card Adhar Card

Please enter Adhar Card No.

570657065706

Upload Photo: (upload only .JPEG/JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



Upload Signature: (upload only .JPEG/JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



Previous Save Next

ID NO.	NAME	DATE OF BIRTH	AGE	RELATION	MONTHLY INCOME	PHOTO	SIGN	BLOOD GROUP
G1023456789/1	JOHN SMITH	01/01/2000	18	SELF	50000			O+
G1023456789/2	KATHI SMITH	13/06/1973	45	MOTHER	0000			A-

THE INPUTS WITH * MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE

Again successful insertion of Beneficiary details all Beneficiary details are displaying below the Family Details Tab.

PREVIOUS

NEXT

Select Identity Proof:*

Voter Card Pan Card Adhar Card

Please enter Adhar Card No.

570657065706

Upload Photo: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



Upload Signature: (upload only .JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)

Browse... No file selected.



After insertion of all Beneficiaries, Click on Next Button to go to the final tab

Previous Save **Next**

ID NO.	NAME	DATE OF BIRTH	AGE	RELATION	MONTHLY INCOME	PHOTO	SIGN	BLOOD GROUP
G1023456789/1	JOHN SMITH	01/01/2000	18	SELF	50000			O+
G1023456789/2	KATHI SMITH	13/06/1973	45	MOTHER	0000			A-

THE INPUTS WITH * MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOUR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

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ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS OFFICE LOCATION FAMILY DETAILS **HEAD OF INSTITUTION**

Designation of Head of Institution:*

Select Head of the Institi

Select Head of Institution

District Where DDO is Located:*

Select DDO District

Select your DDO District

Select Treasury:*

Select Treasury

Drawing & Disbursing Officer(DDO) Code:*

Select DDO Code

I ACCEPT THE DECLARATION WRITTEN BELOW

DECLARATION:

I, HEREBY DECLARE THAT THE THE STATEMENTS MADE IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I DO HEREBY DECLARE THAT UPON ENROLLMENT UNDER THE SCHEME I SHALL FOREGO/CONTINUE TO FOREGO MY REGULAR MONTHLY MEDICAL ALLOWANCE/MEDICAL RELIEF FROM MY SALARY.

I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF THE SCHEME AS MAY BE IN FORCE FROM TIME TO TIME.

I FURTHER DECLARE THAT I HAVE NOT OPTED OUT FROM THE SCHEME IN ANY PREVIOUS OCCASION.

Click here to go previous tab

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[Save](#)

INPUTS WITH '*' MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL AND THESE ARE VERY ESSENTIAL FOR YOR ONLINE REGISTRATION AND ALSO FOR AVAILING THE CASHLESS BENEFITS.

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PERSONAL DETAILS OFFICE LOCATION FAMILY DETAILS **HEAD OF INSTITUTION**

Designation of Head of Institution:*	PRINCIPAL
District Where DDO is Located:*	KOLKATA
Select Treasury:*	Testing
Drawing & Disbursing Officer(DDO) Code:*	tesedi002
Designation of DDO:*	ASSISTANT SECRETARY

I ACCEPT THE DECLARATION WRITTEN BELOW

DECLARATION:

I, HEREBY DECLARE THAT THE THE STATEMENTS MADE IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I DO HEREBY DECLARE THAT UPON ENROLLMENT UNDER THE SCHEME I SHALL FOREGO/CONTINUE TO FOREGO MY REGULAR MONTHLY MEDICAL ALLOWANCE/MEDICAL RELIEF FROM MY SALARY.

I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF THE SCHEME AS MAY BE IN FORCE FROM TIME TO TIME.

I FURTHER DECLARE THAT I HAVE NOT OPTED OUT FROM THE SCHEME IN ANY PREVIOUS OCCASION.

[Read this Declaration before accepting.](#)

Tick this Check Box, this is mandatory

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Click on Save Button to Submit your Application

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Submission Successful
message

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ONLINE REGISTRATION FOR GRANT-in-AID COLLEGES

PERSONAL DETAILS OFFICE LOCATION FAMILY DETAILS **HEAD OF INSTITUTION**

Designation of Head of Institution:* PRINCIPAL

District Where DDO is Located:* KOLKATA

Select Treasury:* Testing

Drawing & Disbursing Officer(DDO) Code:* tesedi002

Designation of DDO:* TEST DDO

I ACCEPT THE DECLARATION WRITTEN BELOW

DECLARATION:

I, HEREBY DECLARE THAT THE THE STATEMENTS MADE IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I DO HEREBY DECLARE THAT UPON ENROLLMENT UNDER THE SCHEME I SHALL FOREGO/CONTINUE TO FOREGO MY REGULAR MONTHLY MEDICAL ALLOWANCE/MEDICAL RELIEF FROM MY SALARY.

I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF THE SCHEME AS MAY BE IN FORCE FROM TIME TO TIME.

I FURTHER DECLARE THAT I HAVE NOT OPTED OUT FROM THE SCHEME IN ANY PREVIOUS OCCASION.

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1 of 1

FORM A

Application for Enrolment

To
The PRINCIPAL
Sir/Madam,

I, Shri/Smt **JOHN SMITH (Assistant Lecturer)** attached to **Birbhum Mahavidyalaya**, District **BIRBHUM** under Department of Higher Education, Science & Technology and Biotechnology do hereby opt for coming under the **West Bengal Health Scheme for Beneficiaries of Grant-in-aid Colleges and Universities Teachers, 2017**.

The particulars of the members of my family as defined in para 3(e) of the Scheme is as follows:

Name of Employee	:	JOHN SMITH
Employee HRMS/UNIQUE ID	:	G190000002

[OK](#)

After Clicking on "Report" Button this Report Window will open

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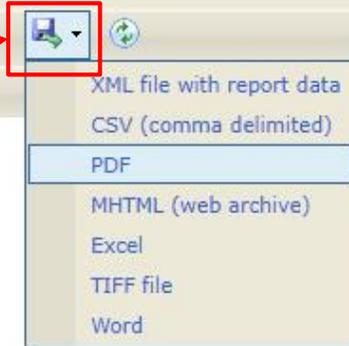
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Department, GoWB

Home

Clicking on this Button
and by selecting PDF
you can download the
Certificate in PDF form



The PRINCIPAL
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I, Shri/Smt **JOHN SMITH (Assistant Lecturer)** attached to **Birbhum Mahavidyalaya**, District **BIRBHUM** under Department of Higher Education, Science & Technology and Biotechnology do hereby opt for coming under the **West Bengal Health Scheme for Beneficiaries of Grant-in-aid Colleges and Universities Teachers, 2017**.

The particulars of the members of my family as defined in para 3(e) of the Scheme is as follows:

Name of Employee

:

JOHN SMITH

Employee HRMS/UNIQUE ID

:

G1900000002

OK

I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF THE SCHEME AS MAY BE IN FORCE FROM TIME TO TIME.

I FURTHER DECLARE THAT I HAVE NOT OPTED OUT FROM THE SCHEME IN ANY PREVIOUS OCCASION.

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FORM A Application for Enrolment

To
The PRINCIPAL
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The particulars of the members of my family as defined in para 3(e) of the Scheme is as follows:

Name of Employee	:	JOHN SMITH
Employee HRMS/UNIQUE ID	:	G1900000002

Click on OK Button to close
the report window



I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF THE SCHEME AS MAY BE IN FORCE FROM TIME TO TIME.

I FURTHER DECLARE THAT I HAVE NOT OPTED OUT FROM THE SCHEME IN ANY PREVIOUS OCCASION.



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For Grant-in-Aid College and University



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Enter HRMS ID No.

G-

Click OK to continue

PLEASE COLLECT YOUR DDO CODE FROM YOUR DRAWING AND DISBURSING OFFICER BEFORE CONTINUING YOUR ENROLLMENT PROCEDURE. IN CASE IF YOU HAVE COMPLETED YOUR ENROLLMENT PROCESS BUT COULD'NT DOWNLOAD OR TAKE PRINTOUT OF YOUR FILLED UP APPLICATION FORM, YOU CAN COME HERE AGAIN AND PUT YOUR HRMS ID NUMBER IN DESIRED PLACE AND AFTER THAT PRINT BUTTON WILL BE AVAILABLE TO YOU FOR PRINTING YOUR APPLICATION FORM.

Note : If you forgot or Unable to print the application form at the time of submission. You may come back to the Registration page and enter your HRMS ID again followed by clicking on OK Button

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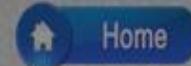


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Finance Department, GoWB



Hello JOHN SMITH ! Your application [G012345678901012000] has already been submitted, Please wait for approval from DDO end. You can DOWNLOAD your filled up Application Form by clicking the PRINT button.

OK

HRMS/UNIQUE ID No.

G0123456789

Print

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HRMS/UNIQUE ID No.

G0123456789

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HELLO [G1900000003]! Your application [ID: G190000000307061990] already registered on 01/01/2019 . Please complete your enrollment process.

OK

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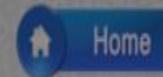


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Hello DHEERAJ PANDEY ! Your application [G190000000123121993] has already Verified On-31/12/2018. Please Collect Certificate From DDO.

OK

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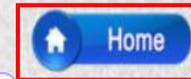


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HRMS/UNIQUE ID No.

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Hello G1900000002 ! Your application has been Rejected. Please resubmit your application.

OK

HRMS/UNIQUE ID No.

G1900000002

Enter Date of Birth.

DD/MM/YYYY

Save

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Enter Date of Birth.

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