

Workflow for Enrolment :West Bengal Health Scheme for BCKV Teachers and Officers

START



Enroll online through the portal of wbhealthscheme.gov.in

(Please see the enrolment manual)



Take a printout of the duly filled-in 'FORM A' from the portal



Fill-in Self-Appraisal Top Sheet & enclose documents accordingly



Deposit all documents to the Deputy Librarian, BCKV

At Comptroller Section (Mr. Sudip Singha, Junior Asst.) for further processing



END

Step by Step Procedure of Online Application for Enrolment in West Bengal Health Scheme for BCKV Teachers and Officers (With a dummy personal details)

*All * marked fields are mandatory*

1. **Log on** to <https://wbhealthscheme.gov.in>
2. **Go to** “Online Enrolment” Tab
3. From dropdown menu, **select** “Beneficiaries of Grant-in-Aid University”
4. On the Screen, **Enter** your 10 Digit PAN (Say, ABCDE0000M)



5. **Click** “Ok”
6. You will get a Window as below:



7. One Unique ID Number will be generated adding “U” to your PAN
8. **Enter** your date of birth (Say, 24/03/1975 in the above window, in the format given and **Click** “Save”



9. Your Unique ID (U + PAN) is created as above. In the above Window, **Click “Next”**

ONLINE REGISTRATION FOR GRANT-in-AID UNIVERSITIES

PERSONAL DETAILS

Application ID Number : [REDACTED]
Unique ID : [REDACTED]
Date of Birth : 24/03/1975
Select Retirement Age*
 60 Years 62 Years 65 Years
First Name :* [REDACTED] (First Name + Middle Name)
Last Name :* [REDACTED] (SurName)
Gender :* [Select Gender] v
Marital Status :* [Select Marital Status] v
Residing District :* [Select District] v
Permanent Address :* [REDACTED]
Mobile No. :* [REDACTED]
Email Address :* [REDACTED]

10. Select First Part (above) of the “**Personal Details**” Tab (**Fill** by Selection of radio button/ Dropdown menu /Typing appropriately)

Residence Phone Number : [REDACTED]
Select Identity Proof :*
 Voter ID PAN ID Aadhar No.
Identity Proof No. : [REDACTED]
Bank Details
Bank IFS Code :* [REDACTED]
Name of The Bank : [REDACTED]
Branch Name : [REDACTED]
MICR Code : [REDACTED]
Account No. :* [REDACTED]
Confirm Account No. :* [REDACTED]
Save & Continue

THE INPUTS WITH '*' MARKS ARE MANDATORY DATA. YOU HAVE TO ENTER THOSE DATA FOR YOUR ONLINE REGISTRATION TO BE SUCCESSFUL.

11. Select Next Part (above)of the “**Personal Details**” Tab (**Fill** by Selection of radio button/ Typing). By typing the Bank IFS code, other details related to branch will automatically be populated. (**Always select IFS Code and Account Number** of your salary account: (For PNB, BCKV: PUNB0075920; For SBI, Kalyani: SBIN0001082, etc.)

12. **Enter** and **Confirm** your Bank Account Number

13. **Click “Save and Continue”**. You will be landed on “**Office Location**” Page.

Pay Band (Rs.)	15,600-39,100			37,400-67,000		67,000-79,000
	6,000	7,000	8,000	9,000	10,000	0
Grade Pay (Rs.)	6,000	7,000	8,000	9,000	10,000	0
Index of Rationalization	2.67	2.67	2.67	2.67	2.72	2.72
Entry Pay (Rs.)	21,600	25,790	29,900	49,200	53,000	67,000
Academic Level	10	11	12	13A	14	15
Rationalised Entry Pay (Rs.) 1	57,700	68,900	79,800	1,31,400	1,44,200	1,82,200
2	59,400	71,000	82,200	1,35,300	1,48,500	1,87,700
3	61,200	73,100	84,100	1,39,400	1,53,000	1,93,300
4	63,000	75,300	87,200	1,43,600	1,57,600	1,99,100
5	64,900	77,600	89,800	1,47,900	1,62,300	2,05,100
6	66,800	79,900	92,500	1,52,300	1,67,200	2,11,300
7	68,800	82,300	95,300	1,56,900	1,72,200	2,17,600
8	70,900	84,800	98,200	1,61,600	1,77,400	2,24,100
9	73,000	87,300	1,01,100	1,66,400	1,82,100	
10	75,200	89,900	1,04,100	1,71,400	1,88,200	
11	77,500	92,600	1,07,200	1,76,500	1,93,800	
12	79,800	95,400	1,10,400	1,81,800	1,99,600	
13	82,200	98,300	1,13,700	1,87,300	2,05,600	
14	84,700	1,01,200	1,17,100	1,92,900	2,11,800	
15	87,200	1,04,200	1,20,600	1,98,700	2,18,200	
16	89,800	1,07,300	1,24,200	2,04,100		
17	92,500	1,10,500	1,27,900	2,10,800		
18	95,300	1,13,800	1,31,700	2,17,100		
19	98,200	1,17,200	1,35,700			
20	1,01,100	1,20,700	1,39,800			
21	1,04,100	1,24,300	1,44,000			
22	1,07,200	1,28,000	1,48,300			
23	1,10,400	1,31,800	1,52,700			
24	1,13,700	1,35,800	1,57,300			
25	1,17,100	1,39,900	1,62,000			
26	1,20,600	1,44,100	1,66,900			
27	1,24,200	1,48,400	1,71,900			
28	1,27,900	1,52,900	1,77,100			
29	1,31,700	1,57,500	1,82,400			
30	1,35,700	1,62,200	1,87,900			
31	1,39,800	1,67,100	1,93,500			
32	1,44,000	1,72,100	1,99,300			
33	1,48,300	1,77,300	2,05,300			
34	1,52,700	1,82,600	2,11,500			
35	1,57,300	1,88,100				
36	1,62,000	1,93,700				
37	1,66,900	1,99,500				
38	1,71,900	2,05,500				
39	1,77,100					
40	1,82,400					

14. Enter "Basic Salary" from dropdown menu (With reference to above chart)
15. Select "Save and Continue".
16. You will now land on "Family Details" Page as below

ONLINE REGISTRATION FOR GRANT-in-AID UNIVERSITIES

PERSONAL DETAILS OFFICE LOCATION FAMILY DETAILS

Application ID Number :	[REDACTED]
Unique ID :	[REDACTED]
Date of Birth :	24/03/1975
Applicant Name :	[REDACTED]
Name of Beneficiary :*	<input type="text"/>
Date of Birth of Beneficiary :*	<input type="text"/> Age :* <input type="checkbox"/>
Relation with Applicant :*	SELECT RELATIONSHIP ▾
Beneficiary Category *	General Beneficiary ▾
Monthly Income of Beneficiary :*	<input type="text"/>
Blood Group :*	SELECT BLOOD GROUP ▾
Select Identity Proof :*	<input type="radio"/> Voter ID <input type="radio"/> PAN ID <input type="radio"/> Aadhar No.
	<input type="text"/>
Mobile No.	<input type="text"/>
Email Address	<input type="text"/>

Following persons are eligible for Family Member Under “General beneficiary” category

SELECT RELATIONSHIP
SON(UPTO 25 YEARS)
UNMARRIED DAUGHTER
STEP CHILD
MINOR BROTHER
MINOR SISTER
FATHER
MOTHER
WIFE
HUSBAND
SELF
ADOPTED CHILD
DEP WIDOWED DAUGHTER
DEP DIVORCED DAUGHTER
UNMARRIED SISTER
WIDOWED SISTER
DIVORCED SISTER
DEP PHYSICALLY DISABLED SON
DEP MENTALLY DISABLED SON

**For detail clarification of the eligible Family Members, please refer Clause 3(g) of the G.O. for Agricultural Universities.*

21. **Upload** documents of other eligible family members (Next Part):

Upload Photo : (upload only ..JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)	Choose File No file chosen
	
Upload Signature : (upload only ..JPEG/.JPG file only and size of photo should be within 10KB to 50KB*)	Choose File No file chosen
	
<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Next"/>	

(**Upload Photograph** and **Signature File** of required size of eligible family members. After entering all information related to each family member (in above two parts) **Click “Save”** for adding a new family member detail and continue this process until information related to all family members, one-by-one are uploaded

22. After uploading details of all family members, one-by-one, **click “Next”** for the final section of the portal (“**Head of Institution**”) as below.

ONLINE REGISTRATION FOR GRANT-in-AID UNIVERSITIES

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

Head of Institution:* **Vice Chancellor**

Select Head Of the Department:*

District Where DDO is Located:*

Select Treasury:*

Drawing & Disbursing Officer(DDO Code):*

Designation of DDO:*

Select Operator to Submit:*

ACCEPT THE DECLARATION WRITTEN BELOW

DECLARATION:

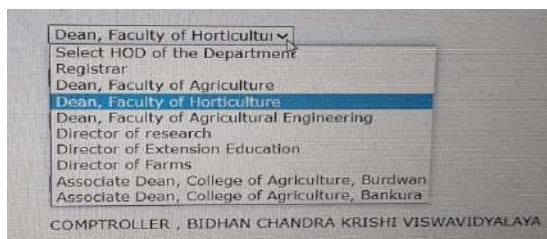
I, HEREBY DECLARE THAT THE STATEMENTS MADE IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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.

23. a) **Select “Head of the department”** from dropdown menu containing following choices (Office from which your salary is drawn)

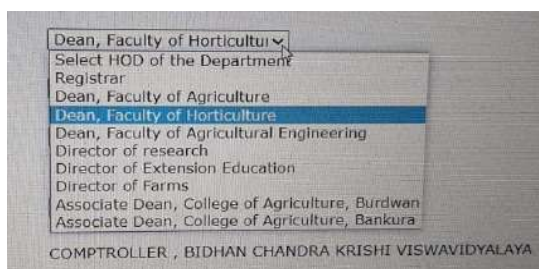


b) **Select “District Where DDO is located”** as “**Nadia**” from Drop down menu

c) **Select “Treasury”** as “**Kalyani**” from Drop down menu

d) **Select “DDO Code”** as “**NACAGU001**” (DDO Code for BCKV) from Drop down menu

e) **Select “Operator to Submit”** from Drop down menu containing following choices [Office from which your salary is drawn; same as step No. 23(a)]



24. **Check** the option “**I ACCEPT THE DECLARATION WRITTEN BELOW**” and **click** “**Save**”.

Your online submission of Application is completed successfully!



*** In case of any problem while filling up the form online, please contact support.hshed-wb@nic.in mentioning your Application ID as created above automatically.*

List of Beneficiaries under WBHS - BCKV

Sl No	Name	Passport Photograph	Signature

Bidhan Chandra Krishi Viswavidyalaya

Mohanpur, Nadia, West Bengal, PIN- 741252

Enrolment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Agriculture Department" to the serving permanent Teachers/Officers and their dependant family members of Bidhan Chandra Krishi Viswavidyalaya (vide University Notification No. RS/D- 37 Dated, 20.07.2021 read with WB Govt. Notification 2080- AG - 12019(15)/7/2020-EDU SEC, Dated, 07.06.2021).

Particulars of the Employee applied for Enrolment under the above mentioned scheme

(To be filled-in by the Applicant)

1. **Application ID as per the wbhealthscheme.gov.in portal** :
2. **Name** :
3. **Designation** :
4. **Employee Code** :
5. **Date of Joining** :
6. **Date of Confirmation** :
7. **Date of Retirement** :

8. **List of Enclosures: (Please tick the box)**

- | | | | | |
|----|---|--------|--------------------------|--------------------------|
| a. | Downloaded Form A | —————→ | <input type="checkbox"/> | |
| b. | Coloured Passport-size recent photograph of all beneficiaries | —————→ | <input type="checkbox"/> | |
| c. | i) Identity & ii) Income proof of all beneficiaries | —————→ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Signature of all beneficiaries | —————→ | <input type="checkbox"/> | |
| e. | i) Service Confirmation & ii) Last Pay Slip | —————→ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | i) Letter of appointment & ii) Joining Report | —————→ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Proof of Blood Group of all beneficiaries | —————→ | <input type="checkbox"/> | |
| h. | Photocopy of Birth Proof of all beneficiaries | —————→ | <input type="checkbox"/> | |
| i. | Photocopy of i) Aadhaar and ii) PAN Card | —————→ | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of the Applicant with date

-----**For official use only**-----

- A. Checked & found correct and forwarded to the Recommending Authority: Yes / Nolf
No; please put reason:

Signature of the Operator with date

- B. Checked & found correct and submitted to the Approving Authority: Yes/ No
If No; please put reason:

Signature of the Recommending Authority with date

- C. Approved / Not Approved.

Signature of the Hon'ble Vice-Chancellor & Approving Authority with date

- D. If approved; Enrolment ID: