WEST BENGAL CASHLESS HEALTH SCHEME DETAILS
(MALDA MEDICAL COLLEGE)

REQUIRD DATA FOR TRANSFER :

1) ENROLLMENT CERTIFICATE COPY.
2) COLLEGE DETAILS-
   a) HOO CODE-4HFHO 055
   b) DDO CODE-MDBHFE 001
   c) TREASURY- MALDA TREASURY-II
   d) HOO- PROF.DR. PARTHA PRATIM MUKHOPADHYAY.
   e) OPERATOR NAME- ARIJIT CHATTERJEE

REQUIRD DATA FOR NEW ENROLLMENT :

1) PASSPORT SIZE PHOTO (EACH BENEFICIARY)
2) SIGNATURE (EACH BENEFICIARY)
3) ADHAAR COPY (EACH BENEFICIARY)
4) JOINING LETTER IN SERVICE AND PRESENT PLACE OF POSTING.
5) DATE OF BIRTH PROOF(XEROX)
6) BLOOD GROUP CERTIFICATE
7) INCOME CERTIFICATE (IF APPLICABLE)
8) CURRENT SALARY STATEMENT
9) SALARY ACCOUNT DETAILS (BANK ACCOUNT)

REQUIRED DATA FOR TRANSFER TO ANOTHER COLLEGE:

1) APPLICATION FOR TRANSFER (MENTION HEALTH SCHEME ENROLLMENT NUMBER)
2) COPY OF W.B.H.S CERTIFICATE.
3) COLLEGE DETAILS (HHO CODE, DDO CODE, TREASURY,OPERATOR NAME)