



कार्यालय प्रधान मुख्य आयकर आयुक्त, पश्चिम बंगाल एवं सिक्किम  
OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF INCOME TAX: W.B. & SIKKIM  
AAYAKAR BHAWAN, P-7, CHOWRINGHEE SQUARE, KOLKATA - 69

(परीक्षा अनुभाग EXAMINATION SECTION)

Tele Fax 033 2213 6769

संख्या परीक्षा /7E/CST/15-16/ 1858-1957

दिनांक:- 23/11/2015

सेवा में,

All Head of Offices of Income Tax,  
Income Tax Department,  
West Bengal.

महाशय/महोदया,

विषय(Sub):- Submission of applications for appearing in the  
Departmental Data Entry Skill Test, 2015.

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Applications are invited from eligible Group "C" employees viz. Lower Division Clerks, Notice Servers, Record Keepers Senior Gestetner Operators, Peons, Duftries and M.T.S.s of Income Tax Department, W.B. in the prescribed format given overleaf for appearing in the above mentioned Skill Test which is proposed to be held in the month of December, 2015.

2. For appearing in the skill test the candidates must have to pass Matriculation or equivalent examination.
3. All the candidates are advised to enclose duly attested photocopy of the Mark Sheet/ Certificate in support of claim of Educational Qualification.
4. Date, time and venue of the skill test will be notified later on.
5. The last date of receipt of application through proper channel in this office is 11/12/2015.
6. The tentative date for examination will be 21<sup>st</sup> and 22<sup>nd</sup> December, 2015. in Aayakar Bhawan, Kolkata. The exact date, time & venue will be intimated on 14.12.2015 to the candidates.

I am directed to request you to kindly circulate it for wide publicity among the Group "C" staffs under your charge.

विश्वास भाजन,

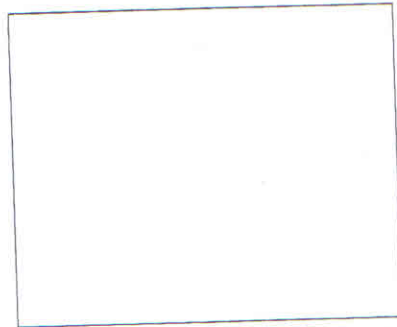
(सूमन घोष Sumon Ghosh)

ITO (OSD)

Under Principal Chief Commissioner of Income Tax  
West Bengal & Sikkim



APPLICATION FORM FOR COMPUTER SKILL TEST - DECEMBER, 2015



1. Name & Designation : \_\_\_\_\_
2. Office where the candidate is posted including the CCIT/ CIT charge : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Whether SC/ST : \_\_\_\_\_
5. Date of Entry in I.T. Dept. : \_\_\_\_\_
6. Educational Qualification : \_\_\_\_\_

Date:

Signature & Designation of the Candidate  
Contact No: