



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 22627940, E-MAIL- acit.hqrs.exam.training@gmail.com

संख्या PRCCIT W.B&SIKKIM/ परीक्षा /7E/CST/2019-2020/4876-4976 दिनांक:- 16-10-2019

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, 2019 - matter reg.

Applications are invited from eligible Group "C" employees viz. Lower Division Clerks, Notice Servers, 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, 2019.

2. For appearing in the skill test the candidates must have passed 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 examination will be notified later on.
5. The last date of receipt of application through proper channel in this office is 15/11/2019

It may also be noted that as per the direction of the DDIT(HRD)(CMD-II), New Delhi vide F.No. HRD/CMD-II/124/04/RSA(Pt.)/3400, dated 28th August, 2019, the physically handicapped persons, whose physical disability permanently prevents them from typing, and visually handicapped persons in the feeder grades may be exempted from Skill Test for promotion to the of Tax Assistant

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

विश्वास भाजन,

अनन्त कुमार विश्वास
(अनन्त कुमार विश्वास /Ananta Kumar Biswas)
DCIT Hqrs Examination & Training
(Under Pr. CCIT, W.B. & SIKKIM)



APPLICATION FORM FOR COMPUTER SKILL TEST -DECEMBER, 2019

**Affix an
attested Photo**

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: