

VACANCY NOTICE

Applications are invited from eligible candidates to the under mentioned post for appointment on regular basis.

01.	Name of post	A.N.M. / Health Worker (Female)			
02.	No. of post	General	O.B.C.	Physically handicapped	Total
		02	02	01	05
03.	Scale of pay	Rs. 5200-20200 Plus Grade Pay Rs.2400			
04.	Classification	General Central Service Group "C" Non-Gazetted, Non-Ministerial.			
05.	Age limit	18 to 38 yrs (Relaxable to physically handicapped as per instructions of GOI/Administration)			
06.	Educational qualification	Essential 1. Matriculation or its equivalent (Relaxable to VIIIth Std pass for tribal candidates) 2. Must have passed ANM Certificate course with valid ANM training certificate of a recognized institute.			

The candidates fulfilling the minimum prescribed qualification will be required to undergo a **written examination comprising of the following:-**

English	a) Grammer b) General English	25 marks
General Knowledge	General Awareness	25 marks
Professional test	Subject Paper	50 marks

The duration of the test will be for one hour and the maximum aggregate marks will be 100. The Director of Health Services, A&N Administration holds full discretion to fix minimum qualifying standard for the written examination. The candidates declared qualified on the basis of written examination would be required to appear for interview.

The list of eligible candidates will be displayed in the notice board of the Directorate of Health Services. The date and venue of written test will be intimated to the candidates in due course of time through "The Daily Telegrams" as well as other mass media. The candidates declared qualified in the written test will have to undergo viva-voce, the date will be notified in "The Daily Telegrams" as well as other media separately.

The eligible candidates for written examination may submit their application alongwith copies of educational qualification Certificates, EE Regn. Card, Proof of Age, Local/OBC/ Certificate, experience, if any, duly attested and address for Communication addressed to the Director of Health Services **on or before 25.06.2010 at 4.00 PM** positively in the prescribed format appended below. No applications will be entertained after the due date.

(Dr N Sadasivan)
Director of Health Services

No. 3-3/ANM/DHS/2008/ 2123

अण्डमान तथा निकोबार प्रशासन

ANDAMAN AND NICOBAR ADMINISTRATION

स्वास्थ्य सेवा निदेशालय

Directorate of Health Services

Port Blair, dated the 1st June
1 May, 2010

Copy forwarded to:-

1. The Director (IP &T), A&N Admn. Port Blair alongwith a Hindi version of the above vacancy notice with the request to make arrangement for publishing the above vacancy notice in The Daily Telegrams/ Dweep Samachar and other local news papers.
2. The Chief Editor, The Daily Telegrams, Govt. Press, Port Blair with the request to publish the above vacancy notice in your esteemed news paper.
3. The Chief Editor, Dweep Samachar, Govt. Press, Port Blair with the request to publish the above vacancy notice in your esteemed news paper.
4. The News Editor, All India Radio, Port Blair with the request to broadcast the above vacancy notice in the local news bulletin.
5. The Station Director, Doordharshan, Port Blair with the request to arrange to telecast the above vacancy notice through Doordharshan news.
6. Shri Selva Kumar, Computer Assistant Grade "A" with the direction to upload the above vacancy notice in the Admn's Website.
7. Notice Board.


Director of Health Services

FORMAT

APPLICATION FOR THE POST OF **A.N.M./ HEALTH WORKER**
(FEMALE) IN THE DEPARTMENT OF HEALTH, ANDAMAN AND
NICOBAR ADMINISTRATION

Paste Recent Passport
size photograph duly
attested by the candidate
(with One additional
photograph)

1.	Name in BLOCK LETTERS (as recorded in educational certificate)							
2.	Father/Husband's name							
3.	Category	<table border="1"><tr><td>General</td><td>O.B.C.</td><td>Physically handicapped</td></tr><tr><td colspan="3" style="text-align: center;">Tick the relevant category</td></tr></table>	General	O.B.C.	Physically handicapped	Tick the relevant category		
General	O.B.C.	Physically handicapped						
Tick the relevant category								
4.	a) Date of birth (as recorded in educational certificate.) b) Age as on 25.06.2010	<table border="1"><tr><td>Date</td><td>Month</td><td>Year</td></tr><tr><td>Year</td><td>Month</td><td>Days.</td></tr></table>	Date	Month	Year	Year	Month	Days.
Date	Month	Year						
Year	Month	Days.						
5.	a. Educational qualification	1.						
	b. Other qualification	2.						
6.	Past experience, if any							
7.	Employment exchange Card No. (if any) enclose attested copy of card							
8.	Postal address for communication with contact Number.							

I hereby declare that all the statement made in the application are true, complete and correct to the best of my knowledge and belief, I understand that in the event of any information being false or incorrect or ineligibility being detected before or after my selection my candidature/appointment is liable to be cancelled.

Place:

Date:

(Signature of the applicant)

(Application not signed by the candidate will be rejected).