## VACANCY NOTICE

Applications are invited from eligible Scheduled Tribe candidates for appointment to the under mentioned post purely on regular basis. The applications along-with testimonials indicating educational qualification, technical qualification, experience, age proof, Employment Exchange Registration Card and proof of ST certificate should reach to the Directorate of Health Services, Port Blair on or before 30.06.2010 positively in the prescribed format. No applications will be entertained after 30.06.2010.

| 01. | Name of post                 | Health Educator   |  |
|-----|------------------------------|---|--|
| 02. | No.of post                   | 02 (Two) (For ST candidates only)   |  |
| 03. | Scale of pay                 | Rs.9300-34800 Plus Grade Pay<br>Rs.4200   |  |
| 04. | Age limit                    | 18 to 33 years for male & 18 to 38 years for female.  |  |
| 05. | Educational<br>Qualification | Essential  1. A Bachelor Degree from a recognized University with Diploma in Health Education from a recognized University or Institution  (OR) |  |
|     | C. Compa Cashiring           | 2. Diploma in General Nursing & Midwifery with certificate course in Health Education from CHEB, New Delhi or from a recognized Institution.    |  |

(Dr N Sadasivan) Director of Health Services

## FORMAT APPLICATION FOR THE POST OF HEALTH EDUCATOR IN THE DEPARTMENT OF HEALTH, ANDAMAN AND NICOBAR ADMINISTRATION

Paste
Passport
size
photograph
duly signed
by the
candidate

| 1. | Name in Black letter( as recorded in educational certificate)      |            |      |
|----|--|------------|------|
| 2. | Father/Husband's name  |            |      |
| 3. | a. Date of birth (as recorded in educational certificate)          | Date Month | Year |
|    | b. Age as on 30.062010   | Year Month | Days |
| 4. | a.Educational qualification  | 1.         |      |
|    | b. Other qualification   | 2.         |      |
| 5. | Past experience, if any  |            |      |
| 6. | Employment Exchange<br>Card No. & enclose<br>attested copy of card |            |      |
| 7. | Postal address for communication with contact Number               |            | . VI |