VACANCY NOTICE

Applications are invited from eligible ***Scheduled Tribe*** **and** ***Physically handicapped*** 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 , EE Regn. Card, caste certificate and proof of physically handicapped certificate should reach to the Directorate of Health Services, Port Blair **on or before 22nd September, 2010** positively in the prescribed format. No applications will be entertained after 22/9/2010.

01.	Name of post	Staff Nurse
02.	Classification	Group 'C' Central Government Non Gazetted/Non-Ministerial
03.	No.of post	03 (Three)
04.	Category	02 (Two) (Schedule Tribe) 01 (one) (Physically handicapped)
05.	Scale of pay	Rs.9300-34800 plus Grade Pay Rs.4600
06.	Age limit	18 to 33 years for male 18 to 38 years for female (Age relaxable to ST candidates and Physically handicapped as per instructions of Govt of India/ Administration)
07.	Educational Qualification	**1.** Matriculation or its equivalent **2.** B.Sc Nursing, Diploma in General Nursing of Diploma in Medical and Surgical Nursing and Diploma in Midwife/certificate in General Nursing and Certificate in Midwifery. **3.** Should be registered with the Nursing council.

(Dr N Sadasivan)
Director of Health Services

FORMAT

APPLICATION FOR THE POST OF STAFF NURSE FOR SCHEDULED TRIBE AND PHYSICALLY HANDICAPPED CANDIDATES 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	Scheduled Tribe / Physically handicapped Tick the relevant category
4.	a) Date of birth (as recorded in educational certificate.) b) Age as on 22.09.2010	Date Month Year Year Month Days.
5.	a. Educational qualification b. Other qualification	1. 2.
6.	Past experience, if any	
7.	Employment exchange Card No. (if any) enclose attested copy of card	
8.	Attach proof of Caste certificate and physically handicapped certificate	
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).