

VACANCY NOTICE

Applications are invited from eligible General / OBC candidates for appointment to the under mentioned post on regular basis. The applications along-with testimonials indicating educational qualification, technical qualification, experience, age proof , EE Regn. Card , Caste certificate and certificate in proof of physically handicapped duly attested should reach to the Directorate of Health Services, Port Blair **on or before 25th March, 2011** positively in the prescribed format. No applications will be entertained after 25.03.2011.

01.	Name of post	Staff Nurse								
02.	Classification	Group 'B' Central Government Non Gazetted/Non-Ministerial								
03.	No. of posts	06 (Six).								
04.	Category	<table border="1"><tr><td>General</td><td>03 (three)</td></tr><tr><td>OBC</td><td>01 (one)</td></tr><tr><td>Physically handicapped</td><td>01 (one)</td></tr><tr><td>OBC</td><td>01 (One) Anticipated.</td></tr></table>	General	03 (three)	OBC	01 (one)	Physically handicapped	01 (one)	OBC	01 (One) Anticipated.
General	03 (three)									
OBC	01 (one)									
Physically handicapped	01 (one)									
OBC	01 (One) Anticipated.									
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								
07.	Educational Qualification	Essential 1. XIIth Standard (Senior School Certificate Examination) passed from a recognized Board/University/Institute. 2. Diploma in General Nursing/B.Sc Nursing from a recognized Institution/College. 3. Should be registered with the Nursing council. Desirable 1. Degree in Medical & Surgical Nursing/Midwifery from a recognized School of Nursing /College. 2. Two years experience.								


(Dr S K Paul)
Director of Health Services

16/2/11

16/2/11

FORMAT

**APPLICATION FOR THE POST OF STAFF NURSE IN THE DEPARTMENT
OF HEALTH, ANDAMAN AND NICOBAR ADMINISTRATION**

Paste Recent Passport
size photograph duly
attested by a
Gazetted Officer
(with One additional
photograph)

1.	Name in BLOCK LETTERS (as recorded in educational certificate)			
2.	Father/Husband's name			
3.	Category	General	O.B.C.	Physically handicapped
4.	a) Date of birth (as recorded in educational certificate.)	Date	Month	Year
	b) Age as on 25.03.2011	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.	Attach proof of Caste/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).