VACANCY NOTICE

Applications in the prescribed format are invited from eligible candidates for appointment to the under mentioned post **purely on Daily Rated Basis**. The eligible candidates shall attend the Directorate of Health Services along-with testimonials indicating educational qualification, age proof , EE Regn. Card and LMV/HMV driving license (PDL) duly attested **on 18.03.2011** positively. No applications will be entertained on or after **18.3.2011.** The list of eligible candidates and date of trade test will be displayed in the Notice Board of this Directorate on the same day i.e. on **18.3.2011.**

01.	Name of the post	Driver (DRM)
02.	No. of posts	24 (Twenty Four)
03.	Wages	Rs. 254/- per day for South Andaman, North & Middle Andaman Rs. 279/- per day for Nicobar District.
04	Age limit	18 to 33 years.
05	Place of posting	Any where in A&N Islands where Medical Department has its organization.
06	Educational qualification	**Essential** 1. Should have passed Xth Standard from any recognized Institution or Board. 2. Should have valid LMV/HVD license (PDL) **3.** Should qualify in the Trade test conducted by the Technical Board. **Desirable** 1. Knowledge in minor repair work of vehicle 2. Ability to locate the defects in the vehicle.

28/03/11

(Dr S K Paul)
Director of Health Services

FORMAT

APPLICATION FOR THE POST OF DRIVER ON DAILY RATED BASIS 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.	a) Date of birth (as recorded in educational certificate.) b) Age as on 18.3.201	Date Month Year Year Month Days.
4.	a. Educational qualification b. Other qualification	1. 2.
5.	Past experience, if any	
6.	Employment exchange Card No. (if any) enclose attested copy of card	
8.	Attach proof of Driving licence	
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).