

VACANCY NOTICE

Applications are invited from eligible General / OBC/Physically handicapped 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 15th April, 2011** positively in the prescribed format. No applications will be entertained after 15th April, 2011.

01.	Name of post	A.N.M. / Health Worker (Female)			
02.	No. of post	General	O.B.C.	Physically handicapped	Total
		04	03	01	08
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.			


(Dr S K Paul)
Director of Health Services



FORMAT

**APPLICATION FOR THE POST OF A.N.M. / HEALTH WORKER (MALE) 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 hadicapped
		Tick in the appropriate column		
4.	a) Date of birth (as recorded in educational certificate.)	Date	Month	Year
	b) Age as on 15.4.2011	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).