


VACANCY NOTICE

Applications are invited from eligible candidates for appointment to the under mentioned post on regular basis. The applications along-with testimonials indicating educational qualification, experience, age proof and EE Regn. Card duly attested should reach to the Directorate of Health Services, Port Blair **on or before 11th May, 2011** positively in the prescribed format. No applications will be entertained after 11th May, 2011:-

01.	Name of post	Barber
02.	Classification of the post	Group "C" Non-Gazetted/Non-Ministerial
03.	No. of post	01 (One)
04.	Category	General
05.	Scale of pay	Rs. 5200-20200 Plus Grade Pay Rs. 1800/-
06.	Age limit	18 to 33 yrs (for male candidates) 18 to 38 yrs (for female candidates) Note: The crucial date for determining the age limit shall be the closing date for receipt of name from the Employment Exchange, A&N Islands or applications from candidates.
07.	Educational qualification	Essential 1. Xth Std (Secondary School Examination) passed from a recognized Board/Institute. 2. Should possess good experience in cutting hair and shaving.


(Dr S K Paul)

Director of Health Services



FORMAT

APPLICATION FOR THE POST OF BARBER 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.)	Date Month Year
	b) Age as on 11.5.2011	Year Month Days.
4.	a. Educational qualification	1.
	b. Other qualification	2.
5.	Past experience, if any	
6.	Employment exchange Card No. (if any) enclose attested copy of card	
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).