


VACANCY NOTICE

Applications are invited from eligible candidates to the
under mentioned post for appointment on daily rated basis:-.

01.	Name of post	Yoga Instructor (Female)
02.	No. of post	01 (one)
03.	Pay status	@ Rs. 258/- per day on daily rated basis
05.	Age limit	Not exceeding 30 years.
06.	Educational qualification	<u>Essential</u> 1. Any degree with minimum 55% of marks from a recognized University and one year full time regular PG Diploma/Diploma in Yoga Education/Studies etc. with minimum 55 % of marks from a recognized University/Institute of repute. <p style="text-align: center;">OR</p> 2. A regular PG Degree in Yoga/Regular Degree in Yoga from a recognized university with minimum of 55% marks. <u>Desirable</u> One year professional experience.

The eligible candidates may submit their application in the following **format** along-with attested copies of educational / technical qualification certificates duly supported with Employment Exchange Registration Card, proof of age addressed to the Director of Health Services, A&N Administration, Port Blair **on or before 20th September, 2012.** No applications will be entertained on or after 20th September, 2012.


(Dr S K Paul)
Director of Health Services

FORMAT

**APPLICATION FOR THE POST OF YOGA INSTRUCTOR (FEMALE) IN THE
DEPARTMENT OF HEALTH, ANDAMAN AND NICOBAR ADMINISTRATION**

Paste Recent
Passport size
photograph
duly attested
by a Gazetted
Officer

1.	Name in BLOCK LETTERS (as recorded in educational certificate)	
2.	Father/Husband's name	
3.	Sex	Male / Female.
4.	a) Date of birth (as recorded in educational certificate.) b) As as on 20.09.2012	Date Month Year 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.	Postal address for communication	

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).