**APPLICATION FOR THE POST OF NURSE/A ON LOCUM BASIS IN DAE HOSPITAL, KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. 01/2021**

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| **Affix**  **recent**  **Photo** |

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :

(i) Mobile No./Alternate Mobile Number :

(ii Landline No.(if available) :

(iii) E-mail id :

(iv) Skype Id :

1. Educational Qualifications from SSC onwards :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Qualification | Passing Year | University/Board | % of marks obtained |
| 1. | SSC |  |  |  |
| 2. | HSC |  |  |  |
| 3. | Dip(Nursing)  Or  B.Sc(Nursing) |  |  |  |

1. Are you under any contractual obligation to :

serve Central/State Government or any other

public authority.

1. Details of Experience (List most recent employment first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Duration | Period | | Name & Address of the Employer | Reasons for leaving |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Any other information:

**DECLARATION**

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date: **Signature of the candidate**

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| **CHECK LIST FOR THE CANDIDATES** | | |
| ***Documents to be attached*** | Yes  ☑ | No  ⮽ |
| APPLICATION IN THE PRESCRIBED FORMAT |  |  |
| PROOF OF AGE |  |  |
| MARK LIST OF 10TH, 12TH  (IF CGPA GRADE, EQUIVALENCE APPROVED BY UNIVERSITY) |  |  |
| DIPLOMA IN NURSING & MIDWIFERY |  |  |
| REGISTRATION AS NURSE FROM CENTRAL/STATE NURSING COUNCIL OF INDIA |  |  |
| NURSING A CERTIFICATE (if applicable) |  |  |
| 3 YEARS EXPERIENCE CERTIFICATE |  |  |