



Government of India
Ministry of Health and Family welfare
Central Leprosy Teaching and Research Institute
Chengalpattu-603 001, Tamil Nadu



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DIRECTOR

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No.F2(11)E.I/2014/

Dated: 28.10.2017

NOTIFICATION

Applications are invited from the eligible candidates for the post of **Four Staff Nurses for 1-UR, 2-OBC and 1- for UR (PwD-OH) by Direct Recruitment.**

S.No.	Post Name & Pay Scale	No .of Posts	Educational Qualification
1.	Staff Nurse PB - 2, Rs.9300-34800 + G.P 4600 (pre-revised) LEVEL-7 in the PAY MATRIX (revised)	04 Posts 1-UR, 2 -OBC & 1- UR-PwD Orthopedically Handicapped(OH)	<u>Essential</u> 1. Diploma in General Nursing and Midwifery or equivalent from a recognized Institution/ University. 2. (i) Registered as Nurse and (ii)Registered as Midwife or Equivalent with any State Nursing Council. <u>Desirable</u> 1. Experience having worked as a Staff Nurse in a Government recognized Hospital for one year 2. Knowledge of Tamil.

Age:


18 to 25 years as on 30.11.2017. (Regarding age relaxation, subject to fulfillment of prescribed conditions in accordance with the Instructions or orders issued by the Government)

Candidates must have Renewed the Nursing Certificate from the concerned State Nursing Council and the same should also be enclosed with the application and it should be valid on 30.11.2017. Last date for receipt of the application is **04.12.2017**. The application received after **04.12.2017** due to any postal delay etc, will not be entertained in any case.

The application with Bio-data along with attested photocopies of relevant certificates including a photocopy of Employment registration card should be valid on 30.11.2017, Community certificate in case of SC, ST & OBC, age proof, educational qualification, the relevant Disability Certificate issued by the Medical Board and relevant proof should also be enclosed if the persons claiming for Persons with Disabilities (PwD) category, Experience Certificate may also be sent to **the Director, CLT&RI, Chengalpattu, Kancheepuram District, Tamil Nadu-603 001.**

The application should be in the prescribed proforma as below.

Last date for receipt of duly filled application will be **04.12.2017**.


DIRECTOR

✓ OFFICIAL WEBSITE

Application for the post of **Staff Nurse**

(Paste
Self
attested
Passport

1. Name :
2. Father/Husband Name :
3. Age as on 30.11.2017 :
4. Date of Birth :
5. Sex (Male /Female) :
6. Community :
7. Seeking any special category(as per CCS Rule)relaxation:
PwD, Widows, Divorced, Ex-service man, etc)
Documentary evidence should be submitted :
8. If the candidates seeking for PwD, the name and
address of the Certificate issued by the Authority :
9. Nationality/ Religion :
10. Whether Registered in Employment Exchange? : Yes / No
: Registration No___
Live on 30.11.2017 : Yes / No

11. Educational & Technical Qualification :
(From 10th standard onwards)

Sl.No	Exam passed	Govt /Private	Year of Passing	Board/ Institute	Percentage of Marks obtained
1.					
2.					

12. Duration of the course :
13. Nursing Council Registration No and date :
14. Name of the State Nursing Council :
15. Experience/details of employment in chronological order :

Name and address of the Hospital(Including Govt/Private institution)	Name of the post & status (Permanent or temporary)	Period		Scale of Pay of the post	Nature of Work
		From	To		
1.					
2.					

16. Address for Communication :

17. Phone Number/ Mail-Address :

18. Any other relevant information :

UNDERTAKING

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to be guilty of furnishing any wrong information or suppressing any facts.

Signature of the Candidate.

Date:

Place:

***(To be filled by the parent office / Department)**

Certified that the particulars furnished above by the candidate have been verified from his / her service records and found to be correct. It is also certified that no vigilance case is either pending or contemplated against him/her. His/ her ACRs (attested copies) are enclosed.* wherever it is applicable.

Date :

place :

Signature of the Head of Office.