

THE PROFORMA MAY BE SENT TO THE ADDRESS : DIRECTOR PRINCIPAL, ROOM NO. 228-A, DIARY & DISPATCH SECTION, GOVT. MEDICAL COLLEGE & HOSPITAL, SECTOR 32, CHANDIGARH 160030.

**DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH,
CHANDIGARH ADMINISTRATION**

(Hospital Building), Sector 32-B, Chandigarh – 160 030 Ph. 0172-2665253-60 Fax No. 0172-2609360

Affix
attested
photograph

**LAST DATE FOR RECEIPT OF Hardcopy 12.12.2016 upto 04:00 P.M.
(Either by post or by hand and applications received after due date will
not be accepted and rejected straightway without any intimation)**

**COMBINED RECRUITMENT FOR THE POST OF STAFF NURSES FOR THE DEPARTMENT OF MEDICAL
EDUCATION AND RESEARCH, CHANDIGARH ADMINISTRATION, MENTAL HEALTH INSTITUTE AND
DEPARTMENT OF HEALTH & FAMILY WELFARE, UT, CHANDIGARH
To be filled up by the candidate in his/her own handwriting)**

Application ID _____

Roll No. _____

**Please fill your Preference carefully in the following columns i.e. option number 1, 2 & 3
(once preference option is exercised the same cannot be changed/alterd at any lateral
stage). The department will only be allotted as per merit and subject to availability of post.**

GMCH-32

MHI-32

GMSH-16

1. Name of the post applied for : **STAFF NURSE**
2. Full Name (BLOCK LETTERS) : _____
(First Name) (Middle Name) (Surname)
3. Father's/Husband's name : _____
4. Date of birth (Date/ Month/ Year) : _____
(Date) (Month) (Year)
5. Age (as on the 01.01.2016) : _____ Years _____ Months _____ Days
6. Whether working under Central/State Govt. / Union Territories/Statutory Bodies/ Autonomous Organisations/Research Institutions : _____
7. If yes to 6 above, whether No Objection Certificate: issued by Present Government employer is attached or not. : _____
8. (a) Permanent Home Address with Telephone/Mobile No. : _____

- (b) Correspondence/Mailing Address with Telephone/Mobile No. : _____

9. Whether belongs to

Gen

S.C

OBC

EXM

10. If belongs to OBC Category, mention your Caste (see website www.gmch.gov.in) Caste _____ Sr. No. In U.T. Chd. List _____
11. Educational qualification in Chronological Order

Examination Passed	Year of Passing	Marks Obtained/ total Marks	Class/ Division	%age of marks	University/ Institution
Matric					
10+2					
GNM					
B.Sc					
M.Sc					
Other qualification, if any					

12 **Experience, if any** (The capacity of beds must be mentioned in the experience certificate, failing which the experience will be treated as Less than 50 bedded hospital and others and the marks will be awarded as per criteria mentioned in the advertisement.)

Post held (indicate temporary/ permanent)	Period		Total Period			Pay Scale consolidate d pay	Employer's Address
	From	To	Years	Months	Days		

13. Computer Course (Not less than six months, less than six months will not be considered)

Name of the Diploma/Course	Year of Passing	Marks Obtained/ total Marks	Class/ Division	%age of marks	University/ Institution

13. Whether registered with State Nursing Council or Indian Nursing Council

(a) Registration No. & Date with the Nursing Council : _____
(GNM or B.Sc Degree)

(b) State in which registered : _____

14. E Mail ID : _____

I am enclosing herewith the photocopies of following certificates/testimonials (tick) duly attested by the Gazetted Officer or self attested:

- (i) Matric,
- (ii) 10+2
- (iii) GNM
- (iv) B.Sc (Nursing)
- (v) M.Sc. (Nursing)
- (vi) Date of Birth Certificate
- (vii) Computer Course Certificate
- (viii) Caste Certificate on a prescribed proforma (If belongs to SC & OBC category)
- (ix) No Objection Certificate from the employer, if already working under Central Govt./State Govt. / Union Territories/Statutory Bodies/Autonomous Organisations/Research Institution
- (x) Registration Certificate with State Nursing Council or Indian Nursing Council.
- (xi) Any other documents _____.

CERTIFICATE (TO BE GIVEN BY THE CANDIDATE)

I _____ (Son/Daughter/Wife) of Sh. _____

(Application ID _____ & Roll No. _____) solemnly affirm and declare that I have passed GNM/B.Sc. from _____ (Name of University) in the year _____ and obtained _____ Marks in (GNM or B.Sc) out of _____ Marks with _____ Divn. _____ %age. **(Strikeout whichever is not applicable)**

(FOR OBC CANDIDATES ONLY) I further certify that I fulfill the eligibility criteria for the post of Staff Nurse in all respects. I am not 'overage' as on the date of calculation of age limit. I belong to the caste _____ which falls under OBC Category and the OBC certificate is issued by the _____ vide No _____ dated _____ enclosed herewith I further declare that my candidature shall be rejected straightway at any stage in the event of any mis-statement/discrepancy in the particulars being detected or I am found ineligible on account of educational qualifications, Age etc. etc.

NOTE: The claim of candidates belonging to OBC category will only be considered if the Caste of OBC reflects in U.T. Chandigarh OBC list (List is also displayed on the website i.e. www.gmch.gov.in for ready reference. The OBC certificate more than one year old will not be considered and the candidature will be considered in General Category if otherwise eligible for the same without any intimation as recruitment is to be done in the time bound manner.

Place : _____ (Signature of candidate)
Dated : _____

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have neither been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected at any stage and my candidature is cancelled as a result thereof.

Place : _____ (Signature of candidate)
Dated : _____