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08. Mobile No. :

09. Mother tongue :
(Tamil/Malayalam)

10. Knowledge of Language Known
(Tamil/Malayalam)

(Please enclose the SSLC Mark Sheet mentioning the Language of Tamil/Malayalam as one of the subject/language)

11. Whether the candidate is a native/ resident of Union Territory of Puducherry ? (Tick the appropriate box) Yes ☐ No ☐

(Enclose Self-attested copy of the certificate obtained from the Revenue official not below the rank of Deputy Tahsildhar of concerned Taluk Office of the Department of Revenue and Disaster Management)

12. (i) Whether the candidate belongs to 1. UR ☐ 2. OBC* ☐ 3. SC ☐
UR/OBC*/SC ?:

(Tick appropriate box)

(* Includes MBC / BCM / EBC / BT)

(Enclose Self-attested copies of the certificates obtained from the Revenue official not below the rank of Deputy Tahsildhar of concerned Taluk Office of the Department of Revenue and Disaster Management in the case of OBC/ SC (OBC includes MBC/ BCM/ EBC/ BT)

(ii) Whether the candidate is Differently Abled Person (PH)? Yes / No
If yes state category and percentage Category %
(Only PH with One Leg can apply for the post)

<input type="text"/>	<input type="text"/>
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(Enclose Self-attested copy of the certificate issued by the Competent Medical Authority all relevant copies of testimonials should be enclosed.)

13. Employment Exchange Registration Number and date :
(Enclose Attested copy of the Employment Exchange Card valid upto 03.10.2017)

Registration No.	:	<input type="text"/>
Registration Date	:	<input type="text"/>
Validity Date of next renewal	:	<input type="text"/>
Degree / Diploma NCO Code & Date of registration	:	<input type="text"/>

14. Details of Educational, Technical qualifications required for the post:

(i) *(Enclose Attested copies of the certificates)*

Name of the Examination	Name of Board/University	Year of passing	No. of attempts including first appearance	Total Marks secured	Maximum Marks	Percentage %

(ii) Registration No. and Date in the Council *(Enclose attested copies of the certificates)*

	Registration No.	Date
Council Registration Details for Nurse	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Council Registration Details for Midwifery / Psychiatry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DECLARATION

I have thoroughly gone through the recruitment details / general instructions provided along with the application form and clearly understood the contents of the same. I do hereby declare that all statements made in my application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information / materials furnished in my application, if subsequently on verification found to be false or incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that, in case, I am appointed in Government service based on the false and untrue information furnished by me, my services are liable to be terminated forthwith without prior notice. I further understand that if my application is found incomplete/defective, the same is liable to be rejected summarily and no correspondence will be entertained in this regard.

Place:

Date:

Signature of the candidate

CHECK LIST FOR THE POST OF STAFF NURSE

Please enclose copy of the testimonials as per the order mentioned below and indicate the page number invariably of all copies from 1 to the last copy of the testimonials

Sl. No.	Attested copies of the Certificates	Whether Enclosed Yes or No	If Yes indicate the Page No.	
			From	To
1	Attested copy of Birth Certificate / Transfer Certificates or Board / University certificate indicating date of birth			
2	Attested copy of H.Sc. Mark Sheet(s)			
3	Attested copy of Degree / Diploma Certificate			
4	Attested copy of Diploma / Degree Mark Sheets (year-wise / Semester-wise)			
5	Attested copy of Certificate of Registration for Nurse and Midwifery in the Nursing Council of India			
6	Attested copy of SSLC/H.Sc. Mark sheets indicating Tamil/Malayalam as one of the language studied or certificate of an approved language course in Tamil/Malayalam from a recognized institute.			
7	Attested copy of Caste certificate for OBC/SC (OBC includes MBC/BCM/EBC/BT) obtained from the Revenue Authority not below the rank of Deputy Tahsildar indicating creamy layer status for OBC.			
8	Attested copy of Nativity/Residence certificate for five years from the Revenue Authority not below the rank of Deputy Tahsildar.			
9	Attested copy of certificate issued by the competent Authority for Physically Handicapped persons (One Leg only) wherever it is necessary, with related records.			
10	Attested copy of Employment Exchange Registration Card.			

CHECK LIST DECLARATION

I have enclosed all the copies of testimonials as per the Check List order and numbered the copies of the Testimonials from page No.1 (first page of the copy of the testimonial) to ____ (last page No. of the copy of the testimonial). I further declare that no copy of the testimonials is left out without numbering and the page nos. mentioned in the check list are correct to the best of my knowledge and belief. I declare to ensure that all copies have been enclosed and will not approach the Department in future to enclose / remove any certificates from the application.

Place:

Date:

Signature of the candidate