

ADVERTISEMENT

CONTRACTUAL APPOINTMENT OF STAFF NURSE AT S.C.B. DENTAL COLLEGE & HOSPITAL, CUTTACK

Applications are invited from eligible candidates in the prescribed form for selection to the posts mentioned below .

| Sl. No. | Category of Post | No. of Post | Salary | Qualification |
|---------|------------------|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1. | Staff Nurse | UR-2 ST-1 <hr/> Total-03 | Consolidated remuneration @ Rs.5,200/- per month with Grade Pay Rs.2800/- | Must have passed B Sc. Nursing / General Nursing and Mid Wife from any of the INC Recognised institution and must have registered in the Odisha Nursing Council |

GENERAL CONDITIONS WHO ARE APPLYING FOR THE POST OF 'ATTENDANT'

1. The candidates have to apply to the Principal, SCB Dental College Hospital, and Cuttack-753007 by Registered / Speed Post only. The envelope containing the application should be superscripted cleared. Application for the post of Staff Nurse and should be reached in the office of the undersigned within 10 days from the date of publication of advertisement. No application shall be entertained beyond the stipulated time.
2. The selection will be made strictly according to merit as the Government Guidelines.
3. He / She must be a Citizen of India and permanent resident of Odisha.
4. Age Limit :- He / She must have attained the age of 18 years and must not be above the age of 32years on the date of such advertisement for the Post. Provided that, the upper age limit in respect of the reserved categories shall be relaxed in accordance with the existing provisions of the Act, rules, orders or Instructions for their respective categories .
5. The engagement is purely temporary and shall be terminated at any time without assigning any reason thereof.
6. Reservation: Reservation as per the prescribed norm of Govt. shall be applicable.
7. Undertaking: The selected candidates will have to submit an undertaking that they will not claim any financial benefit other than the monthly consolidated remuneration they receive. Candidate appointed on contractual basis shall not claim for inter district transfer.
8. After appointment, the candidates shall arrange their own accommodation.
9. One envelope should contain only one application.
10. Applicant should clearly mention the category of post applied for on the top of the envelope and on application form.
11. The candidates are required to enclose the following documents along with the application form.
 - a) Attested Xerox Copy of H.S.C & equivalent examination certificate and Marksheet.
 - b) Attested Xerox Copy of +2 Certificate and Mark Sheet.
 - c) Attested Xerox Copy of B.Sc.Nursing Certificate./GNM Pass Certificate and Mark sheet with Registration Certificate of the Odisha Nursing Council .
12. Two self Addressed envelopes size 24 X 10 C.M. duly stamped (Rs.22.00).
13. Two passport size photographs (02 Nos.) duly attested by Gazetted officer with seal.
14. Attested photocopy of Caste & Residence Certificate issued by their concerned Tahasil.
15. Question of preference on basis of Local area shall not to be entertained.
16. The Principal reserves the right to reject / accept/ cancel any application without assigning any reason thereof if it is found incorrect/ false or incomplete

Sd/-
Princial
SCB Dental College and Hospital
Cuttack.

APPLICATION FORM APPLYING FOR THE POST OF STAFF NURSE
APPLICATION FORM

| |
|------------|
| Affix |
| Passport |
| Size |
| Photograph |

1. Name of the post applied for:-
2. Name of the Candidate (in Block Letter):-
3. Name of the Father / Husband:-
4. Date of Birth (As recorded in the HSC Pass Certificate.)/ (DD/MM/YY):-
5. Permanent Address(in block letters):-
6. Present Postal Address for Correspondence(in block letters):-
7. Category:-
8. Educational Qualification:-
9. Whether Read, Write & Speak Odia (Yes/No):-
10. Mark to be given in the following proforma:-
11. E Mail Id.....@.....Phone Number.....

| Sl. No. | Name of the Examination Board | Secured In 10TH | Secured in +2 | Mark Secured In BSc. Nursing/ GNM | Total Mark(calculated as 10 th 25%,+2 25%,Bsc Nursing/GNM 50%) |
|---------|-------------------------------|-----------------|---------------|-----------------------------------|--|
| 1 | 2 | 3 | 5 | | |
| | | | | | |

Full Signature of the Candidate

DECLARATION

I do hereby declare that all the information in the form are true to best of my knowledge and belief. Any wrong calculation of mark/percentage / false mark sheet or any wrong information if detected during verification or in future, my application shall be treated as cancelled.

Full Signature of the Candidate