

**NOTIFICATION**

GOVERNMENT OF TELANGANA  
OFFICE OF THE DIST. MEDICAL & HEALTH OFFICER :: NAGARKURNOOL ::

Re.No.2216/NHM/ESW/2017

Date: 17.11.2017

Recruitment of Staff Nurse posts on contract basis  
(Under Delivery Points as per IPHS and NCD Screening Programme)

( The Mission Director, NIM&CH&FW, TS., Hyd. Rc.No.443/SPMU-NHM/2017-2018,  
Dl.27.09.20017)

Applications are invited from the qualified and eligible candidates to fill up Staff Nurse posts contractual basis for a period of (one) year under Delivery Points as per IPHS and NCD Screening.

01. No. of vacancies : ( 09 )
02. Qualifications : 1) B.Sc (Nursing) OR G.N.M.,  
2) Registered with TS Nursing Council
03. Age : The minimum age is (18) years and the maximum age is (44) years. The minimum and maximum age shall be reckoned as on 01.07.2017 with the following relaxations allowed for reckoning the maximum age limit as per rules.
  - i) For SCs, STs and BCs 5(five) years
  - ii) For ex-servicemen 3( three) years in addition to the length of service in armed forces
  - iii) Disabled persons 10(ten) years
04. Remuneration : Rs.14,900/-
05. Receiving of applications : Application forms will be received in the O/o DM & HO Nagarkurnool in the office hours.
05. Application fee : Rs. 200/- through crossed Demand Draft in favour of DM & HO Nagarkurnool.  
Application fee not applicable for SC/ST candidates  
(ఇంకా రెండు వందల రూపాయలు)
06. Enclosures :
  - i) SSC or equivalent
  - ii) Qualifying exam memo of marks
  - iii) Latest caste certificate (Non production of this certificate leads to consider as OC)
  - iv) Study/Bonafide certificates (4<sup>th</sup> to 10<sup>th</sup> class) (Non production of these certificates lead to consider as Non-local)
  - v) PH certificates (if any) issued by the Regional Medical Board.
  - vi) Any other necessary documents
07. Last date of receipt of applications : 25.11.2017 Time 5:00 PM (Department is not responsible for postal delay)

**NOTE:**

The selection shall be made basing on Technical qualification marks only. Applicable Rule of Reservation. If any candidates fails to submit the required certificates as per notification their application shall be rejected. Not further representations will be entertained.

Sd/-  
DM & HO

Sd/-  
DIST. COLLECTOR

Government of Telangana  
Office of the Dist. Medical & Health Officer, Nagarkurnool

Notification No.2216/Estt./2017, Dated: 17.11.2017

Recruitment of Staff Nurse on contract basis initially for a period of one year under  
NHM Scheme

**Application Form**

Registration No.	
Post for which application made	<b>Staff Nurse</b>
District for which applied	<b>Nagarkurnool</b>

Paste Photograph here and sign across it
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DD No. & Dated : \_\_\_\_\_

1	Name of the Candidate	
2.a	Name of the Father	
2.b	Name of Mother	
2.c	Name of Husband (If married)	
3	Sex	<b>Female</b>
4	Date of Birth	
5	Social Status	
6	Whether Physically Handicapped (Please tick)	Yes / No
6.a	If yes, please mention category (Please tick)	HH / OH / VH
7	Whether Ex-Service man/woman	Yes / No

**DETAILS OF SCHOOL EDUCATION:**

Class	Year of passing	District in which studied
IV		
V		
VI		
VII		
VIII		
IX		
X		

Dist. to which candidate belongs as per presidential order

*Marks obtained in the qualifying examination*

Qualifying examination		Total Marks	Marks obtained	% of marks obtained
General Nursing / B.Sc. Nursing	1st Year			
	2nd Year			
	3rd Year			
	4th year			
	Total Marks			

TS Council Registration No.

Address

Mobile No.

*Declaration*

I, Smt./Kum. \_\_\_\_\_, W/o, D/o Sri \_\_\_\_\_ certify that, the above particulars furnished by me are correct to the best of my knowledge. I also agree that, in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date my candidature will be cancelled summarily.

Name and Signature of the Candidate

**FOR OFFICE USE ONLY**

Date of receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions. As the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the Clerk

Name & Signature of the Supervisor