



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान कोलकाता
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH KOLKATA

APPLICATION FORM FOR NURSING STAFF / ASSISTANT (CONTRACT)

To,
Assistant Registrar (Admn)
Indian Institute of Science Education and
Research (IISER) Kolkata
Mohanpur – 741 246
Dist.- Nadia, West Bengal, India

Photograph

1.	Name in full (in capital letters) (Underline Surname)			
2.	Father's / Husband's Name			
3.	a. Marital Status		b. Male / Female :	
4.	a. Permanent address	* b. Address for correspondence		
	Mobile Phone No.		E-mail ID	
5.	Date of birth (please attach true copy of certificate)			
6.	Age (as on 1 st Sept 2018) :			
7.	Are you a citizen of India? (Write YES / NO)			
8.	Please state your category (SC/ST/OBC/GEN/PWD) :			
9.	If selected, How many days will you require to joining the post? (state number of days)			
10.	If you are employed currently, then please state your current gross pay per month (in Rs.)			
11.	Registered under Indian / state Nursing Council? (YES / NO) (please attach true copy of certificate)			
12.	Nursing Registration Number :			
13.	Nursing qualification : (GNM / BSc Nursing / DMN, Dip/Class 1 NAC Armed Forces)			
14.	Total number of year and months of experience after the nursing registration :			

15. Details of educational qualifications: Please give particulars of all examinations passed and degrees obtained commencing with the High School Leaving (10th standard / Matriculation) Examination. Attach copies of all certificates and mark sheets with the application.

Sl. No.	School / College / Institute	Date of entry	Date of leaving	Name of the Board / University / Institution	Examination / Degree / Diploma passed	Distinction / Class / Division	Subjects (Please mention field of specialization, honours, etc, where applicable)	Percentage of marks or C.P.I.	Year of passing

16. Details of employments: Please give particulars of your present and past employments in chronological order, starting with the present one:

Sl. No.	Organisation / Institute	Position held	Nature of duties / work	Date of joining	Date of leaving	Last Pay & Scale of pay	Experiences (in months)

I hereby declare that I have carefully read and understood the above instructions and all the entries in this form are true to the best of my knowledge and belief.

Date:

Signature of the Candidate