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# INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH KOLKATA

## APPLICATION FORM FOR NURSING STAFF / ASSISTANT (CONTRACT)

Photograph

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

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| --- | --- | --- | --- | --- | --- | --- |
|  | Name in full (in capital letters) (Underline Surname) | |  | | | |
|  | Father’s / Husband’s Name | |  | | | |
|  | a. Marital Status | |  | | b. Male / Female : | |
|  | a. Permanent address | | | | **\*** b. Address for correspondence | |
| Mobile Phone No. |  | | | E-mail ID |  |
|  | Date of birth (please attach true copy of certificate ) | | |  | | |
|  | Age (as on 1st Sept 2018) : | | |  | | |
|  | Are you a citizen of India? (Write YES / NO) | | |  | | |
|  | 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 : | | |  | | |

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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.

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

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