 

# 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.

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Date: ................................  **Signature of the Candidate**