

CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT
VACANCY NOTICE

No.MH-IV-2013/22396

Dated, Chandigarh the: 02-08-2013

Applications on prescribed format stating full particulars i.e. Educational Qualification and age etc. are invited from Indian Citizens for filling up of the following post, in the Health Department, U.T., Chandigarh. The requisite qualification, age, pay scale etc is given below:-

Sr. No.	Name of post & Pay Scale	No. of posts	Category	Qualification
1	Trained Dai (regular) (Rs. 4900-10680 + 1800 GP)	One (1) The number of posts, however can be increased or decreased	General=1	1. Matric one year course of Trained Dai from any Govt. Institute or its equivalent should be registered with Nursing Council.

Age:- Eligibility of age limit of one post of Trained Dai mentioned below:

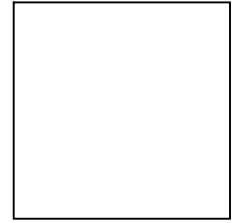
(Age limit as on 01-01-2013) Between 18-25 years for General Category (relaxable for departmental candidates up to 35 years) for appointment by direct recruitment and 5 years for other Govt. Servants in accordance with the instruction of the Govt. of India.

The application duly completed in all respect, with on latest Passport size photograph, (Format enclosed) should reach in the office of Director Health & Family Welfare, Govt. Multi Speciality Hospital, Sec-16, Chandigarh on or before 20-08-2013 by 5:00 PM. The incomplete applications and applications received after the due date will not be entertained. The number of posts however can be increased or decreased.

No TA/DA will be paid to the candidates for interview etc.

Director Health & Family Welfare-cum-
Principal Medical Officer,
Chandigarh Administration.

APPLICATION FOR THE POST OF _____
(To be filled only in Capital Letters)



1. Name of the applicant (in Block letters) _____
2. Father/Husband's Name _____
3. (i) Date of Birth (in Christian Era) _____
(ii) Age as on 01-01-2011 _____ Years ____ Months ____ Days
4. (a) Permanent Address (with PIN CODE and telephone No.)

(b) Correspondence Address (with PIN code and Telephone No.)

5. Mobile No./ Phone No., If any _____
6. Educational Qualification:-

Sr.No.	Board/Institution	Name of Board/University	Year of Passing	Total Marks	Marks Obtained	Division/Percentage

7. Nationality _____
8. Category _____

I hereby declare that the information submitted in this application is true and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or in-eligibility detected at any stage, my candidature will stand cancelled and all my claims for the recruitment be forfeited.

Date _____
Place _____

Signature of Applicant