

dk; kzy; mRrjk[k.M] fpfdRI k I ok p; u ckM] ngjknw
LokLF; I ok egkfunskky; ifj I j I gL=/kkj k jkM+ngjknw
 Website www.ukmssb.org , Mail ID ukmssbdun@gmail.com Ph.N. 0135-2608566

foKflr

foKflr I d; k&11 fnukd% 27] fnl Ecj] 2016

mRrjk[k.M fpfdRI k f'k{k foHkkx ds uol ftr ufl & I &Fkkuka ea Lohdr , I kfi , V
 ikQd j] vfl LV&V ikQd j@iDDrk ds inka dks fu; r oru@I fonk ij , d o"lz
 dsfy, p; u ds vk; kst u ds I ECU/k ea
 foLrr foj.kA

1- fjDr inks dh fLFkr %

¼d½ , I kfi , V ikQd j in&02 inka dk Jskhokj foj.k %&

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; ksc	02	&	&	&	&

¼k½ vfl LV&V ikQd j@iDDrk ds in &26 inka dk Jskhokj foj.k %&

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vOfi 0oxZ	03	01	&	&	&
vkj{kr	16	05	&	01	&
; ksc	26	08	&	01	&

2- , I kfi , V ikQd j] vfl LV&V ikQd j@iDDrk ds fjDr inks dks fu; r
 oru@I fonk ea p; fur I dck; I nL; ka dh dk; kof/k I h/kh HkrhZ I s fu; fer I dck;
 I nL; ka ds fu; qDr gksus rd vFkok f'k{k.k I = 2016&17 dh I ekflr tks Hkh igys
 gks rd dh gksxhA

3- fu; r oru@I fonk ds vk/kkj ij Hkjs tkus okys I dck; I nL; ka dh fu; qDr
 ds LFkku ij vkc)rk I e>h tk; xh

4- fdl h Hkh I e; fu; r oru ij j [ks tkus okys I dck; I nL; ka dks , d ekg
 dk ukVI nsdj gVk; k tk I drk gA

5- p; fur l odk; l nL; ka dk fu; r oru 'kkl uknsk l d; k 693XXVIII(1)/2010-34/2009-TC-11 fnukad% 24-06-2010 ,oa 'kkl uknsk l d; k&733 XXVIII (1)/2010 fnukad%06-07-2010 ds ikfo/kkukud kj gksckA

6- fu; r oru@l fonk ds vk/kkj ij Hkjs tkus okys l Hkh inkadh 'k{k{kd vgrk mRrjk[k.M ufl & dkyst f'k{k{kd l odk fu; ekoyh] 2015 ds ikfo/kkukud kj gksckA

7- fu; r oru@l fonk inkadh ij p; u dh ifO;k fnukad 26-02-2016 dks okWd&bu&bUVj0; w ds ek/; e l sfpdRI k f'k{k{kk funskky;] 107 pUnuxj ea l Ei lu fd; k tk; sckA

8- ckMZ }kjk fu/kkZjr vkonu i= eagh vkonu djuk vko'; d gksckA

9- vH; fFkZ ka dks ; g Hkh funs'kr fd; k tkrk gS fd okWd&bu&bUVj0; w ea vkus l s iWZ fnukad 23-02-2016 rd fu/kkZjr vkonu i= ea vkonu i= ckMZ ds esy vkbZVh- ukmssbdun@gmail.com ea i'kr dj] ft l l s vH; fFkZ ka dk iathdj.k djrs gqs l k{kRdkj gsrq mruh l d; k ea l k{kRdkj p; u l febr; ka dk xBu l e; l sdj fy; k tk; A

10- okWd&bu&bUVj0; w ds fy, vkus okys vH; fFkZ ka dks fdl h izdkj dk dkbZ ; k=k&HkRrk vkfn ns ugha gksckA

11- p; u l febr ds v/; {k ds ikl ; g vf/kdkj l jf{kr jgsk fd og fdl h Hkh vH; FkZ dks fcuk fdl h vf/kdr dkj.k crk; s ghs Lohdkj ; k vLohdr dj nA

12- okd&bu&bUVj0; w ea vH; FkZ vi us emy 'k{k{kd iek.k i=] vuttko vkfn o mudh , d Nk; k i fr , oa Lo; a dk orZeku ds nks ikl i kZ l kbZt ds Qk/ks l kFk ea ydj vk; sA

13- dkbZ vH; FkZ ; fn dgh l odkr gS rks os vi us fu; kDrk l s vuki fRr iek.k i= Hkh l kFk ea yk; A

, l kFl , V i kQd j , oa vfl LVSV i kQd j @ i DRrk ds in gr&

1- jk"Vh; rk & vH; FkZ Hkkjr dk ukxfjd gkA

2- 'k{k{kd vgrk & , l kFl , V i kQd j ds vH; FkZ ds fy, fnukad 01 tgykbZ 2016 dks , eO, l OI hO 1/2 ds l kFk 8 o"lz dk vuttko] ft l ea 05 o"lz v/; ki u dk; Z dk vuttkoA i hO, pOMhO 1/2 okNuh; gA vfl LVSV i kQd j @ i DRrk

vH; FkhZ ds fy, fnukad 01 tgykbZ 2016 dks ,e0, l 01 h0 ¼ufI ½ ds l kFk 3 o"KZ dk v/; ki u dk; Z dk vutkkoA i h0, p0Mh0 ¼ufI ½ okNuh; A

3- vf/kekuh vgrk& vU; ckrka ds l eku gkus ij , d s vH; fFkZ ka dks p; u ds ekeys vf/keku fn; k tk; xkj ftl u&

- (i) i kns'kd l suk ea de l s de nks o"KZ l ok dh gk; ; k
- (ii) jk"vH; dMv/ dkj dk ^ch^ iek.k&i= vFkok ^l h^ iek.k i= i klr fd; k gkA

4- vk; & , l kfi , V i kQj ds vH; FkhZ dh vk; qfnukad 01 tgykbZ 2016 dks U; ure vk; q 31 o"KZ , oa vf/kdre vk; q 42 o"KZ gksh vko'; d gA vfl LVBV i kQj @i0Rrk vH; FkhZ dh vk; qfnukad 01 tgykbZ 2016 dks U; ure vk; q 26 o"KZ , oa vf/kdre vk; q 42 o"KZ gksh vko'; d gA

ijUrq ; g fd mRrjk[k.M jkT; dh vud fipr tkfr; k; vud fipr tutkfr; ka vks; vU; fi NMs oxZ rFkk vU; , d h Jf.k; ka d; tks ljdkj }kjk l e; & l e; ij vf/kl fipr dh tk; j vH; fFkZ ka dh fLFkr ea mPprj vk; q l hek mruso"KZ vf/kd gksh ftruh fofufnZV dh x; h gA

5- fu; r oru & , l kfi , V i kQj , oa vfl LVBV i kQj @i0Drk ds fy, fu; r oru 'kkl ukns k l ; k 693XXVIII(1)/2010-34/2009-TC-11 fnukad%24-06-2010 ds i kfo/kkukud kj gkskA

6- 'kYd& okk&bu&buVj0; w ea l Eefyr gkus okys vH; fFkZ ka dks : i ; k&500@& dk 'kYd fdl h jk"vH; dr cid ds cid **MkqV** ds ek/; e l s **mRrjk[k.M fpdfRI k l ok p; u ckMZ ngjknw** ds uke dk tks dh ns ngjknw ij gsk l kFk ea yuk vko'; d gA

7- pfj= & vH; FkhZ ljdkj l ok ea fu; kstu ds fy; s l Hkh idkj l smi ; Dr gk l dA fu; fDr i kf/kdkjh bl l ak ea viuk l ek/kku dj yskA

8- 'kkjhfd LoLFkrk &vH; FkhZ dks l ok ea rHkh fu; Dr fd; k tk, xkj tc ekufI d vks; 'kkjhfd nf"V l smI dk LokLF; vPNk gk; og , l s l Hkh 'kkjhfd nksk eDr gk; ftl l smI s vius drD; ka dk n{krki wD ikyu djus ea ck/kk i Mts dh l Hkkouk gkA

9- p; u dk vk/kkj & vH; fFkZ ka dk p; u] p; u l fevr ds }kjk l k{kkRdkj ds vk/kkj ij fd; k tk; skA

10- vkonu i =& vH; fFkZ ka }kjk ckMZ }kjk r\$ kj fd; s x; s fuEu ik: i ea gh vkonu djuk vfuok; Z gkskA

APPLICATION FORM

(Associate Professor and Assistant Professor Nursing College On Fix Pay/Contractual)

POST APPLIED FOR.....

CATEGORY.....

UTTRAKHAND MEDICAL SERVICE SELECTION BOARD, DEHRADUN

DATE OF APPLICATION

APPLICATION FOR THE POST OF

1. Name.....

2. Date of Birth.....

3. Age as on 01-07-2016.....

4. Submit Photo ID proof issued by Govt. Authorities:

Photo ID Submitted:

Passport copy/PAN Card/Voter ID/Aadhar Card

Number Issued by

5. Present Designation:

6. Department:.....

7. College:.....

8. City:

9. Date of appearance in Last INC Assesement-

10. Whether appeared in Last INC Assesement - Yes/No

11. Whether appeared in Last INC Assesement on same Designation- Yes/No

12. Residential Address:

.....

.....

13. Copy of Passport/ Voter Card/ Electricity Bill/Landline Telephone Bill/Adhar Card/
/attached as a proof of residence. Yes/No

14. Contact Particular: Tel(Office):.....(with STD code)

Tel(Residence):.....(with STD code)

E-mail address:

Mobile Number:

15. Date of Joining present institute: as

16. Educational Qualification

Qualification	College	University	Year	Registration No with date	Name of the State Nursing

					Council

17. Copy of Degree certificate of Education Qualification or Nursing Education attached- Yes/No

18. Copy of Registration of Nursing Council attached – Yes/No

19. Details of Spouse

(a) Designation.....

(b) Working Place.....

20. Details of the previous appointment/teaching experience

Designation	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months	.Remarks
Tutor					
Assistant Professor					
Associate Professor					

21. To be filled in by Ex Army Personnel only:

S.No	Designation	Institution	Period	
			From	To
1				
2				
3				

Note: Have you been considered in any Nursing College inspection at any other institution during last 3 years. If yes, please give details

22. Particular regarding Bank Draft.

Name of Bank	Draft Number	Date of Issue	Amount	In Favour of

Declaration by the candidate :-

It is declared that each statement and/or content of this and/or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accepted that such misconduct thereby rendering the undersigned liable for necessary disciplinary action.

Date:

Sign of Candidate

Place:

Enclosures:

S.No	Documents	Submitted
1	Recent Passport size photo of the Employee	Yes/No
2	Photo ID proof issued by Govt. Authorities Passport/PAN Card/Voter ID/Aadhar Card	Yes/No
3	Certificate copies of present appointment order at present Institute.	Yes/No
4	Copy of Passport/Voter Card/Electricity Bill/Telephone Bill/Aadhar Card attached as a proof of residence.	Yes/No
5	Copies of Degree certificates of Educational qualification.	Yes/No
6	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes/No
7	PAN Card	Yes/No
8	Bank Draft of Rs. 500 In the Name of Utrakhand Medical Service Selection Board.	Yes/No

Date :

Signed of the candidate