## GOVERNMENT OF N.C.T. OF DELHI INDIRA GANDHI HOSPITAL OFFICE OF THE MEDICAL DIRECTOR SECTOR-9, DWARKA, NEW DELHI-110 077

No.F.1/9(130)/GA/Rectt.Nur./2021-IGH/ 3 4 0 2 NOTICE Dated: 31/12/2012

In comilance to directions of Hon'ble High Court, Delhi for early functioning of Indira Gandhi Hospital, Sector-9, Dwarka, New Delhi this is hospital is in the process of filling the post of Nursing Officers purely on Contract basis through two step selection process comprising of shortlisting of eligible candidates followed by interview of shortlisted candidates by duly constituted Interview Board.

Applications are invited in the prescribed format for engagement of Nursing Officers purely on contract basis for period of one year or till the post are filled up on regular basis, whichever is earlier. The selected candidates shall be paid consolidated salary as per Finance Department O.M. dated 20.01.2017.

The Essential Qualification for eligibility, Experience and Age for the post of Nursing Officer is detailed below:

		NURSING OFFICER		
Total No. of Posts		294 (UR-133, OBC-72, SC-40, ST-20, EWS- 29)		
Consolidated Salary		Minimum pay of Level-7 of the Pay matrix + DA (as per Finance Deptt. OM dated 20/01/2017)		
Essential Qualification	Educational	B.Sc. (Hons.) Nursing/ B.Sc. Nursing from an Indian Nursing Council.State Nursing Council recognized Institute or University.  OR  B.Sc. (Post-Certificate)/Post-Basic B.Sc. Nursing from an Indian Nursing Council.State Nursing Council recognized Institute or University and to be registered as Nurses & Midwife with State/Indican Nursing Council.  OR  Diploma in General Nursing Midwifery from an Indian Nursing Council/State Nursing Council recognized Institute/Board or Council.  AND  One year Experience with B.Sc and Two years Experience with GNM is an essential criterion and the candidate should be registered as Nurse & Midwife with State / Indian Nursing Council.		
Age limit		Below 32 years.  Age relaxable for SC/ST by 05 years & for OBC (Delhi only) by 03 years. For PwD candidates age relaxation will be as per Gol rules and required to submit Disability certificate issued by recognized Disability board.		

General Terms & Conditions for engagement of Nursing Officer purely on Contractual basis are as follows:

 The candidate must apply online on email or hard copy in the prescribed application format.

2. The said engagement purely on Contract basis for period of one year or till the post are filled up on regular basis, whichever is earlier.

 The Hospital reserved the right to change the number of vacancies, withdraw the process in full or part and right to reject any or all applications received without assigning any reasons or giving notice etc.

4. SC/ST certificate issued only by Competent Judicial/Revenue Authroity shall be

accepted.

- OBC/EWS certificate issued by Govt. of NCT of Delhi shall only be accepted and the same must have been issued before the last date of submission of application. Further the OBC candidate must posses Non Creamy layer certificate for the current year alongwith his/her caste certificate.
- 6. Candiate must have valid registration certificate issued by State/Nursing council.

 Candidate must produce residence proof (Aadhar Card, Votar I.D. Card, Passport, Driving Licence etc.).

8. The engagement may be terminated at any time by 02 weeks notice given by either and any unauthorized absence for more than seven (07) days will lead to termination of the Contract without any further notice.

9. The contractee will sincerely perform the duties assigned to him/her and to the

satisfaction of the Hospital Authorities.

10. Contractee shall not be entitled for Government accommodation and other concessionary allowances as admissible to Govt. empolyee.

 This contractual engagement will not vest any claim or right for regular appointment in this Hospital or for continued contractual engagement.

- 12. The contractee shall be engaged on whole time basis by this Hospital and shall not accept any other appointment, paid or otherwise, and shall n engage himself/herself in private practice of any kind during the period of contract.
- 13. The contractee should not have been convicted by any Court of Law.

14. No TA/DA will be paid for appearing in the Interview.

- 15. The shorlisted candidates will be informed/intimated about the date and time of interview through website <a href="www.health.delhigovt.nic">www.health.delhigovt.nic</a>.in. No separate intimation will be sent to individual candidates.
- 16. Applications not conforming to the requisite as specified will be rejected
- 17. The canidate must bring original certificates at the time of interview for verification.
- 18. Engagement shall be subject to Medical Fitness and verification of certificates/documents.
- 19. Any canvassing by or on behalf of the candidate or any outside influence in any form with regard to selection will lead to disqualifaction.
- Engagement will be terminated if any decalaration/information furnished is found false or any material facts is supressed willfully.
- 21. The decision of Interview/selection board will be final and no representation will be entertain in this regard.
- 22. The selected candidates will be intimated through e-mail about their selection. Therefore they are advised to mention the correct e-mail I.D. in their application.



#### SUBMISSION INSTRUCTIONS & GUIDELINES:

Last Date of Submission - 08/01/2022 at 5.00 pm.

**A. Interested Candidates** who fulfil the above criteria may submit the application in prescribed format alongwith 04 recent passport size Photographs and self attested copies of requisite educational qualification/documents by online on email or hard copy in the hospital on or before 5.00 pm 08/01/2022.

The applications not confirming to the requisites as specified will be rejected.

### **B. Documents Required:**

- Application in prescribed format.
- 2. 4 passport size photos if submitted in hard copy. One scan photo if submitted through online on email.
- 3. Self attested copies of requisite certificates I.e., educational / caste alongwith Noncreamy layer for the year/ EWS / PwD.
- 4. Residence / Identity proof (Aadhar/Voter I.D./Passport / Driving Licence / etc.)

#### C. Online applications are to be emailed at:

- 1. recruitmentnursing22@gmail.com for applying online.
- The email IDs are only for the purpose of submission of applications and no other communications will be entertained.
- Documents for upload in online submission through email is to be attached in one single PDF file with file name saved as the candidate's first name in followed by birth year in certificate as in NAMEYEAR not exceeding 2 MB in size.
- 4. The scanned copies of certificates are to be clear scan and well aligned.
- Unreadable copies of application scanned and mailed will not be accepted and Hospital will not be liable for any such rejections.
- In case of multiple submissions through email only the most recent one will be taken into consideration and the rest will be deleted.
- Hard Copy are to be submitted at the Box placed in the R&I Branch, Indira Gandhi Hospital, 5th Floor, Admin Block, Sector-9, Dwarka, New Delhi - 110 077 either directly or by speed post/courier.
- **D.** No application will be accepted after 5.00 pm on last date. Hospital will not be responsible for any sort of delay if the applications are not submitted on time or non-receipt of applications due to delay in delivery/due to technical reasons or otherwise.

Note: The Competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice at any stage. Any Corrigendum will be published only on the website of Health & Family Welfare Department, Govt. of NCT of Delhi at <a href="https://www.health.delhigovt.nic.in">www.health.delhigovt.nic.in</a>.

Medical Director Indira Gandhi Hospital Dwarka, New Delhi

## GOVERNMENT OF NCT OF DELHI INDIRA GANDHI HOSPITAL SECTOR-9, DWARKA, NEW DELHI-110077

# Application Form for the Post of NURSING OFFICER

# (All fields are mandatory to be filled)

1.	Name of the applicant:					
2.	Father's Name:					
3.	Mother's name:	Affix a passport size				
4.	Marital Status:	photograph				
5.	Gender:					
6.	Date of Birth:					
7.	Age as on date 31/12/2021: YearsMonth Days	S				
8.	Category: GEN/EWS/PWD/SC/ST/OBC/Others:					
9.	9. Identification proof & Number:					
10.	Correspondence Address with Pin code:					
11.	Permanent Address:					
12.	Email ID:					
13.	Mobile No.					
14.	Nationality:					
15.	State/Indian Nursing Council Reg. No.& Place:					
16.	Educational Qualification:					

S No.	Education	Board/University	Year of Passing	Total Marks	Marks Obtained	Percentage	No of
1	10th						-
2	12th						
3	GNM/B.Sc.						
4	Additional Qualification M.Sc./PhD etc.						

17. Experience: Experience certificate (to be attached) issued by the Competent Authority indicating dates, &Nature of Job (particulars of employments in Chronological order):

Name of	Designation/	Department	Period		Period Total Nature of	Nature of work	
Employer/Instit ute & address	Post held		From	То	Duration	performed or being performing	

18. Character	& An	teced	ents
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(a)	Have you ever been arrested?:	Yes/No
(b)	Have you ever been prosecuted:	Yes/No
(c)	Have you ever been kept under detention?:	Yes/No
(d)	Have you ever been bound down?:	Yes/No
(e)	Have you ever been fined by a Court of Law?:	Yes/No
(f)	Have you ever been convicted by Court of Law?:	Yes/No
(g)	Is any case pending against you in any Court of Law?:	Yes/No
(h)	Have you ever been involved in any Criminal case?:	Yes/No

19. Any other information you wish to add:

20. I	Documents	attachec	l:

a.

b.

c.

d.

e.

f.

g.

# **Declaration**

ID/ S/O	solemnly declare that the above				
statements made by me, are true, complete and correct to the best of my knowledge and belief					
and nothing has been concealed thereon. In the eve	and nothing has been concealed thereon. In the event of my information being found false or				
incorrect or ineligibility detected at any point of	f time, I understand that my application/				
candidature will be immedicately rejected/disqualif	ied without any notice.				
I understand and agree to the General Terms and Co	onditions.				
	Signature of Candidate				
*	Name of Candidate				
Place:					
Date:					