



JAWAHAR NAVODAYA VIDYALAYA

Distt. _____

FORMAT FOR FEMALE STAFF NURSE FOR EMPANELMENT PURELY ON CONTRACT BASIS FOR THE SESSION 2017-2018

PART-I

1 Application for the post of : _____ (on contract basis)

2. Tel.No. (with STD Code)/Mobile no.: _____

3. E-Mail Address : _____

4. Name : _____

5. Father's Name : _____

6. Date of Birth (DD/MM/YYYY) : _____
As on 30.04.2017

7. Full Address for Communication : _____

8. Home District : _____

9. Category to which belong :- : _____
Gen/SC/ST/PH/OBC/Navodaya Spouse

10. In case of Navodaya Vidyalaya Spouse, give full details:

A. Name of spouse : _____

B. Post Held : _____

C. Place of Posting : _____

11. Educational Qualification:

S. No.	Course of Study	Max. Marks	Marks Obtained	% age of marks
1.	10 th			
2.	12/Higher Secondary/Inter/PUC			
3.	Graduation			

(Kindly enclose proof in respect of conversion of grades into marks)

12. Professional Qualification:

Diploma/Degree	Duration of Course (Years)	Max. Marks	Marks Obtained	%age of Marks

Paste Latest
passport size
photograph
of applicant

13. Co-Scholastic achievement:

1.	NCC ' C' / ' B' / 'A' Certificate	Attach copy of certificate
2.	NSS	Attach copy of certificate
3.	Scout & Guide President award/Government award/Tritiya Sopan	Attach copy of certificate
4.	S&G Governor's Award	Attach copy of certificate

13. a) Experience in Govt. residential Schools

<u>Duration</u>		<u>Total</u>	<u>Period</u>
From	To	Year	Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Experience in Other Deptt.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I solemnly undertake that in the event of my appointment on contractual basis in the Samiti, my services are liable to be terminated without notice if any of the foregoing information furnished by me in my application form is found to be wrong or suppressed. I further understand that this appointment is purely on contract and does not confer the right for regularization.

Date:

SIGNATURE OF CANDIDATE

PART – II CERTIFICATE (For office use)

Certified that I have scrutinized personally the information in Part – I above with originals and found it to be in order. Candidate is eligible for the post.

SIGNATURE OF THE OS/DEALING ASSISTANT/VERIFYING COMMITTEE