



राज्य स्वास्थ्य समिति, बिहार



An ISO 9001:2008 Certified Agency

APPLICATION FORM

A. (To be filled by the Office, SHSB)

Registration No	1	7	0	1	0	1	0					
Demand Draft No								Amount (in Rs.)				
Date (DD/MM/YYYY)	D	D	M	M	Y	Y	Y	Y				
Drwan on (Bank Name & Branch Name)							Payable at	P	A	T	N	A

B. (To be filled by the candidate in CAPITAL LETTERS)

1. Name of The Position	Nursing/Sister Tutor										
2. Adv No.	01/2017										
3. Name of the Candidate											

Paste one passport size photo 3x4"
(Attach one color photo with application form on corner)

C. Personal Details

4. Category (Please Tick)	Gen	EBC	BC	SC	ST	4b. Caste	
5. Do you claim for reservation against persons with disability(PWD) (Yes/No)		5a. If Yes, Percentage of disability		5b.Type of disability			
6. Sex (Please Tick)	Male		Female		other		
7. Name of Father (as per matriculation certificate)							
8. Name of Mother							
9. Date of Birth (DD/MM/YYYY) (as per matriculation certificate)	D	D	M	M	Y	Y	Y
9a. Age (as on 01.04.2017)	Years		Months		Day		
10. Nationality					11. Religion		
12. Resident of Bihar (Yes/No)			12a. If No, Please mention State Name				
12b. If Yes (Please mention Residential Certificate No & Date)			12c.Home District				
12d. If Yes (only for reservation category- Caste Certificate)							

13. Proof of Identification (Aadhar card/PAN)												
14. Aadhar No (If available)												
15. PAN No (If available)												
16. Email Id (Self)												
17. Mobile No (self)	+	9	1									

18. Permanent Address :-

		Post Office											
Block			District										
State			Pin Code										

19. Correspondence Address :-

		Post Office											
Block			District										
State			Pin Code										

20. Details of Academic & Professional Qualification

Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing year	Marks			
				Total	Obtain	%	Remarks
Matric/ 10 th							
Intermediate/10+ 2 th							

21. (Only For Retired Person)

Name of Department/Institution																	
Post hold at the time of Appointment																	
Post hold at the time of Retirement																	
Date of Appointment (as per Service Book)	D	D	M	M	Y	Y	Y	Y	Date of Retirement (as per Service Book)	D	D	M	M	Y	Y	Y	Y

Last Pay (As per Last Pay slip)		DA	
First Pension		DA	

22. Details of work Experience (If any)

S. N.	Name of Organisation	Type of Organisation (Govt./Pvt.)	Designation	From	To	Total (in month)	Nature of Job

23. Declaration by the candidate

I hereby declare that all the above information & documents submitted are correct. I understand that in the event of any information being found suppressed/false or incorrect or any ineligibility being detected before or after joining, my Candidature/ appointment is liable to be cancelled and legal action may be taken against me.

Place:-.....

Date:-.....

Signature of the candidate

24. (To be filled by office , SHSB)

24a. Remarks on Academic & Professional Qualification (Clearly Mention the qualification of Candidate)	24b. Remarks on Working Experience (if any) (Clearly Mention the experience of Candidate after registration)

25. Status of Document Verification
(To be filled by office, SHSB)

Candidates if Retired Person	Yes		No	
Cleared/ Not Cleared for next Round	Yes		No	

- 1.....
2.....
3.....

Signature.....

Name & Designation of Document Verification Officer.....

General Instruction:-

1. The Candidate should fill up required information correctly without any ambiguity.
2. Incomplete application will not be entertained.
3. The Candidates should check Demand Draft themselves and be sure that the amount has been entered clearly and the DD bears signature of bank official. Incomplete DD will not be accepted and such applications will be outrightly rejected at the verification counter itself.
4. The candidate will have to fill up following check slip for proof that photo copies of Required qualification certificates/documents have been enclosed (Tick the Correct answer) :-

a	Have you enclosed self attested copy of the caste certificate (for Reservation Category only) for the proof of Category.	Yes	No
b	Have you enclosed self attested copy of the Residential certificate for the proof of Resident of Bihar.	Yes	No
c	Have you enclosed self attested copy of the matriculation or 10 th certificate for the proof of date of birth.	Yes	No
d	Have you enclosed self attested copy of the matriculation or 10 th pass marksheet?	Yes	No
e	Have you enclosed self attested copy of the Intermediate or 10+2 pass certificate & marksheet?	Yes	No
f	Have you enclosed self attested copy of the GNM pass certificate and marksheet ?	Yes	No
g	Have you enclosed self attested copy of the B.Sc. Nursing (Basic) pass certificate and marksheet?	Yes	No
h	Have you enclosed self attested copy of the B.Sc. Nursing (Post Basic Nursing) or D.N.E.A. (Diploma in Nursing Education and Administration) pass certificate and marksheet?	Yes	No
i	Have you enclosed self attested copy of the M.Sc. (Nursing) pass certificate and marksheet?	Yes	No
j	Have you enclosed self attested copy of the registration certificate of Bihar Nursing Registration council or Any State Nursing Registration Council or Nursing council of India?	Yes	No
k	Have you enclosed self attested copy of the experience certificate, if you have experience as Nursing/Sister Tutor, with the date and signature of issuing authority?	Yes	No
l	If retired person, have you enclosed self attested copy of your last pay slip and first pension slip?	Yes	No
m	Have you enclosed self attested copy of Adhar card and/or PAN card?	Yes	No

Note – Non-enclosing of any of the above certificates/documents will had to outright rejection of application and the candidate will not be cleared for Next round.

Signature of the Applicant

Signature of the Officer (SHSB)