

## RECRUITMENT OF NURSING OFFICER FOR A PERIOD OF THREE MONTH ON CONTRACT BASIS

Applications are invited from Indian Citizens for the posts of Nursing Officer purely on contract basis in the wake of outbreak of COVID-19 for the period of **Three (03) Months** only in Lady Hardinge Medical College & Smt. S.K. Hospital, New Delhi. The applications in the prescribed performa (Annexure) may be submitted in the R&I Section of LHMC (Admn.) on 01.05.2021 (Saturday upto 1:00 PM) and on 03.05.2021 (Monday upto 5:00 PM) along with self-attested photocopies of the requisite documents. The applications will be considered on **FIRST COME FIRST SERVE** basis on fulfilling the following criteria: -

Upper age Limit for	Number of Post (s)
Recruitment	
	LHMC & Smt.S.K.Hosptial
35 Years	
	Contractual Recruitment



#### **GERNERAL CONITIONS**

Reservation will be as per Government of India Policy.

### Instructions & other formalities for contract appointment:-

1. Applicant must fulfill the educational qualifications, age limit and other criteria for the post applied for on the last date of submission of form (i.e. 03.05.2021), failing which the application shall be summarily rejected and no correspondence will be entertained in this regard.

### 2. Age relaxation:

- (i) Relaxation of 5 years for SC/ST, 3 years for OBC.
- (ii) Age relation of 10 years for Persons with disabilities (PWD), 15 years for SC/ST and 13 years for OBC candidates of PWD.
- (iii) OBC candidates should submit OBC Certificate having date of issue on or after 1.1.2020 vide OM No. 36036/2/2013-Estt.(Res-I) dated 31/3/2016 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi.
- (iv) Persons with disabilities (PWD) to produce/submit a certificate issued by a competent medical authority.
- 3. Terms & Condition of Recruitment:
  - (i) Candidates will bring all relevant documents in original, two Passport size photographs and Original Aadhar Card on the date specified.
  - (ii) Prescribed Application form (Annexure-I) submitted should be accompanied with self-attested scanned copies of 10th class passing certificate, all mark sheets of diploma/Degree courses, Experience certificates and a copy of Aadhar Card.
  - (iii) He/She may have to work in shifts and can be posted at any place in the Hospital.
  - (iv) Candidates will have to follow the safety protocols:
    - a. Wearing a Mask.
    - b. Maintaining proper social distancing.
    - c. Using Hand sanitizers and more.
  - (v) Crucial date for determination of eligibility with reference to age, qualification and experience etc. will be the last date of submission of form (i.e. 03.05.2021).
  - (vi) No TA/DA will be paid for this purpose.
  - (vii) The posts are purely on contract basis and under no circumstances are linked to regular appointment and cannot be regularized at any stage.
  - (viii) The appointment will be for Three months only. The candidate should complete his/her tenure of 3 months and he/she will not be allowed to resign before the completion of his/her tenure of 3 months. If, the candidate leaves the job without completing the tenure or submits the resignation during the contractual period and thereafter, stops working, the dues of incomplete contractual period will be forfeited and no experience certificate will be issued to the incomplete contractual period.
  - (ix) 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.
  - (x) All future information, Corrigendum, clarification in this regard will be displayed on the web site (http://lhmc-hosp.gov.in).

(DR. V.K. SHARMA)

DEPUTY DIRECTOR (ADMN.) (OFFICIATING)

Contd.

# PERFORMA OF APPLICATION FORM

	APPLICATION FOR THE POST OF		
		Paste your Passport size photograph recently	
1.	Name in full ( As recorded in Matriculation or equivalent Certific	ate)	
2.	Father's /Husband's Name:		
3.	Date of Birth ( As recorded in Matriculation or equivalent Certifica	te)	
4.	Nationality		
5.	Category ( UR, SC, ST, OBC):		
6.	If applied under PWD category, mentioned the category of the disc	ability:	
7.	Sex Male Female		
8.	Marital Status:		
9.	Contact Details: Land line (With STD Code)		
	Mobile		
	E-Mail		
	Aadhar No.		
10.	Postal/Mailing Address:		
11	Permanent Address with Pin code :		
12	. Age: Years Months Days.		

13. Academic/ Technical qualifications {(Beginning with Matriculation level) attach self-attested photocopies of certificates}

	Examination passed	Division	Univ./Board	Years	Duration of course	Percentage of marks obtained	Remarks	
1	Academic							
	Technical							
14.	. Period of exp	perience :						
15.	. Details of ac	ademic achie	evement, extracurr	icular act	ivities, profess	ional achieveme	ents, etc.	
16.	. List of enclo	sures.						
	Place: Date:-				Signature of the candidate Name Phone No			
						riione No		
					RATION all the candida			
1.	Date:- I have not su	ıbmitted any	(To be signal)	for this r	RATION all the candida	tes)	I contravene this rule	
	Date:-  I have not sumy application	ıbmitted any on will be rej	other application ected summarily	for this r	RATION all the candida recruitment. I a stitution.	tes) m aware that if		
2.	I have not sumy application I have read them. I further decletc., prescrib	abmitted any on will be rej the provisions are that I full ed for the po	other application ected summarily is in the Notice of t	for this r by the Ins he advert	RATION all the candidate recruitment. I a stitution. isement careful regarding copies (Photocopies)	m aware that if  Ily and I hereby  g age limit, eductopies) of certific	I contravene this rule	

5. I hereby further declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, my candidature /appointment is liable to be cancelled.

Place:

Date:-

Signature of the candidate
Name\_\_\_\_\_

Phone No