

**North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences,  
Shillong, Mawdiangdiang**

**Note: TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.**

**Advertisement No** :.....

**Post applied for** :.....

**Payment Transaction Receipt No.:**..... **Date:**.....



1. (a) Full Name (BLOCK LETTERS):.....  
(b) Marital Status: Married/Unmarried

2. Father's/Husband's Name:.....

3. (a) Mailing Address:.....

.....

PIN:..... Tel.No.:..... Mobile No.:.....

E-mail:.....

(b) Permanent

Address:.....

.....

PIN:..... Tel.No.:..... Mobile No.:.....

E-mail:.....

4. a) Date of Birth: ( ) ( ) ( )  
(Date) (Month) (Year)

b) Age (as on last date of submission of application):( ) ( ) ( )  
(Years) (Month) (Days)

c) Sex: (Male/Female):.....

d) Nationality:.....

e) State of Domicile:.....

f) Religion:.....

5. Whether belongs to (GEN/SC/ST/OBCs/EWS) :.....  
(Please attach attested copy of caste certificates)

6. a) Registration No. with the Nursing Council:.....

b) State in which registered: .....

7. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

a) Undergraduate Course

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/Institution
Matric/SSC				
Intermediate/HSC				
B.Sc (Nursing)				

b) Postgraduate Course

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/Institution
M.Sc. (Nursing)				
Ph.D.				

8. Teaching Experience: (Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

Post Held (Indicate Temporary/Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

b) After obtaining Postgraduate Qualification:

Post Held (Indicate Temporary/Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

9. Details of Prizes, Medals, Scholarships & National/International Awards etc.:

10. Research experience, if any, together with details of published works in indexed journals

Number of papers:

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
National				
Inter-National				

Please submit photocopies of your publications

11. Chapter in books/books edited:.....

12. a) Present employment/post held:.....

b) Pay Scale:.....

c) Total emoluments drawn:.....

d) Address of present employer:.....

e) Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

13. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale?

14. If selected, what notice would you require before joining:

15. I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I**.

Date:.....

Signature of the candidate

Place:.....

## **Declaration by the candidate**

Post applied for .....at NEIGRIHMS, Shillong.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:.....

Place:.....

Signature of the candidate

**DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I \_\_\_\_\_ Son/daughter/wife of \_\_\_\_\_  
resident of Village/Town/City/District \_\_\_\_\_ State \_\_\_\_\_  
Community \_\_\_\_\_ (certificate enclosed) hereby declare that I belong to the  
\_\_\_\_\_ community which is recognized as a backward class by the Govt. of India  
for the purpose of reservation in services as per orders contained in Department of Personnel and  
Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I  
do not belong to the persons/sections (creamy layer) mention in Column 3 of OM No.36012/22/93-  
Estt(SCT) dated 8.9.1993 and modified vide Govt. of India, Department of Personnel and Training  
OM No.36033/3/2004-Estt(Res) dated 9.3.2004.

Date:.....

Place:.....

Signature of the candidate

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

**Candidates already employed should get the following endorsement signed by his/her present employer (appointing authority).**

1. Certified that Dr./Shri/Smt./Kumari \_\_\_\_\_ holds a post of \_\_\_\_\_ in this department/ office/ institution/ organization. I have no objection to his/ her application being considered for the post.
2. Certified that he/she submitted his/her application to the department/ office/ institution/ organization on \_\_\_\_\_ for onward transmission to the NEIGRIHMS, Shillong.

Date:.....

Place:.....

Signature .....

Designation.....

Office Stamp.....

**Annexure-I**

**List of enclosures: (Required under column 15 of the application)**

<b>Sl. No.</b>	<b>Particulars of enclosures</b>	<b>Marked page(s)</b>
1	Birth Certificate	
2	Matriculation certificate	
3	B.Sc (Nursing) certificate	
4	M.Sc (Nursing) certificate	
5	Ph.D certificate	
6	Experience certificate (s)	
7	Community certificate (SC/ST/OBC/PWD/EWS)	
8	Registration with Nursing Council Certificate	
9	No Objection Certificate (NOC)	
10	Any other relevant certificate(s)	

Date:.....

Place:.....

Signature of the candidate