



**Advt. No. 5 /2021**

Online Interview through Skype will be held for filling up of the following posts on locum basis (purely temporary) in DAE Hospital Kalpakkam/Anupuram will be held as detailed below:

1.

Name of Post	Nurse/A
No. of Post	07(Seven)
Educational Qualification	1. HSC / XII Standard and Diploma in Nursing & Midwifery (3 years course) + valid Registration as Nurse from Central/State Nursing Council of India (or) B. Sc (Nursing) 2.Nursing 'A' Certificate with 3 years experience in Hospital or Nursing Assistant class III & above from Armed forces.
Consolidated Monthly Pay	Rs.59776/- (Plus 4041/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Date of Interview	22.10.2021

2.

Name of Post	Technician/B (Lab Technician)
No. of Post	01(One)
Educational Qualification	Minimum 60% marks in SSC or HSC with Science and Maths subjects + one year certificate course in Medical Laboratory Technician Trade Certificate from a recognised Institution.
Consolidated Monthly Pay	Rs.30080/- (Plus 1953/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Date of Interview	28.10.2021

3.

Name of Post	Pharmacist/B
No. of Post	01(One)
Educational Qualification	HSC (10+2) + 2 years Diploma in Pharmacy + 6 months training in Pharmacy + Registration as a Pharmacist with Central and State Pharmacy council.
Consolidated Monthly Pay	Rs.39680/- (Plus 2628/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Date of Interview	28.10.2021

**General Conditions:**

- (a) Selection for the above post are purely on temporary basis. The maximum period of appointment will be six months. However, such locum appointment shall not exceed 89 days at a time.
- (b) Selected candidates will be provided Hostel Accommodation on their taking up of the appointment, on payment basis if required. They will be entitled for House Rent Allowance (HRA) if own arrangement for accommodation is made.
- (c) Interested candidates may forward Application in the prescribed form (word format) along with self attested Xerox copies of date of birth, educational qualification in a single PDF file through email: careergso@igcar.gov.in latest by 14.10.2021 at 2400 hrs.
- (d) Please enclose all the certificates and mark sheets (year- wise) of educational qualification in a single PDF file.
- (e) Details of screened-in candidates shall be displayed in GSO website [www.igcar.gov.in/gso](http://www.igcar.gov.in/gso) and shall be intimated through their respective email IDs.
- (f) Incomplete applications and applications without relevant proof of experience/qualification, year wise mark sheet etc. shall be summarily rejected.
- (g) If the number of applications received is more, GSO reserves the right to restrict the number of candidates based on the percentage of marks obtained and their clinical experience.

Application in the prescribed proforma may be downloaded from website [www.igcar.gov.in/gso](http://www.igcar.gov.in/gso)

Administrative Officer –III(R)

All Notice Boards of DAE Units at Kalpakkam.

**APPLICATION FOR THE POST OF NURSE/A ON LOCUM BASIS IN DAE HOSPITAL,  
KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. 5/2021**

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :
  - (i) Mobile No./Alternate Mobile Number :
  - (ii) Landline No.(if available) :
  - (iii) E-mail id :
  - (iv) Skype Id :
7. Educational Qualifications from SSC onwards :



Sl. No.	Qualification	Passing Year	University/Board	% of marks obtained	Maximum marks	Marks obtained
1.	SSC					
2.	HSC					
3.						

- 8 Are you under any contractual obligation to :  
Serve Central/State Government or any other public authority.

9. Details of Experience (list most recent employment first)

Post held	Duration	Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10. Any other information:

### DECLARATION

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

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<b>CHECK LIST FOR THE CANDIDATES</b>		
<b><i>Documents to be attached</i></b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
APPLICATION IN THE PRESCRIBED FORMAT		
PROOF OF AGE		
MARK LIST OF 10 <sup>TH</sup> , 12 <sup>TH</sup>  (IF CGPA GRADE, EQUIVALENCE APPROVED BY UNIVERSITY)		
DIPLOMA IN NURSING & MIDWIFERY		
REGISTRATION AS NURSE FROM CENTRAL/STATE NURSING COUNCIL OF INDIA		
NURSING A CERTIFICATE (if applicable)		
3 YEARS EXPERIENCE CERTIFICATE		

**APPLICATION FOR THE POST OF PHARMACIST/B ON LOCUM BASIS IN DAE HOSPITAL,  
KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. 5 /2021**

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :
- (i) Mobile No./Alternate Mobile Number :
- (ii) Landline No.(if available) :
- (iii) E-mail id :
- (iv) Skype Id :
7. Educational Qualifications from SSC onwards :

**Affix  
recent  
Photo**

Sl. No.	Qualification	Passing Year	University/Board	% of marks obtained	Maximum marks	Marks obtained
1.	SSC					
2.	HSC					
3.						

8 Are you under any contractual obligation to :  
Serve Central/State Government or any other  
public authority.

9. Details of Experience (list most recent employment first)

Post held	Duration	Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10 .Any other information:

### DECLARATION

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

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<b>CHECK LIST FOR THE CANDIDATES</b>		
<b><i>Documents to be attached</i></b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
APPLICATION IN THE PRESCRIBED FORMAT		
PROOF OF AGE		
MARK LIST OF 10 <sup>TH</sup> , 12 <sup>TH</sup> AND DIPLOMA IN PHARMACY  (IF CGPA GRADE, EQUIVALENCE APPROVED BY UNIVERSITY)		
TRAINING CERTIFICATE		
PHARMACY COUNCIL REGISTRATION CERTIFICATE		
EXPERIENCE CERTIFICATE		

**APPLICATION FOR THE POST OF TECHNICIAN/B (LAB TECHNICIAN) ON LOCUM BASIS IN DAE HOSPITAL,  
KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. 5 /2021**

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :
- (i) Mobile No./Alternate Mobile Number :
- (ii) Landline No.(if available) :
- (iii) E-mail id :
- (iv) Skype Id :

**Affix  
recent  
Photo**

7. Educational Qualifications from SSC onwards :

Sl. No.	Qualification	Passing Year	University/Board	% of marks obtained	Maximum marks	Marks obtained
1.	SSC					
2.	HSC					
3.	One year certificate course in Medical Laboratory Technician Trade Certificate from a recognized Institution.					

8. Are you under any contractual obligation to Serve Central/State Government or any other public authority. :

9. Details of Experience (list most recent employment first)

Post held	Duration	Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10 .Any other information:

**DECLARATION**

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

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**CHECK LIST FOR THE CANDIDATES**

<b><i>Documents to be attached</i></b>	Yes	No
APPLICATION IN THE PRESCRIBED FORMAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF AGE		
MARK LIST OF 10 <sup>TH</sup> , 12 <sup>TH</sup> AND  One year Certificate course in Medical Laboratory Technician Trade Certificate from a recognized Institution.		