GOVERNMENT OF INDIA DTE. GENERAL OF HEALTH SERVICES RURAL HEALTH TRAINING CENTRE NAJAFGARH, NEW DELHI-110043

Applications are invited from the eligible candidates for filling up the following posts at Rural Health Training Centre, Najafgarh, New Delhi-110043 in the prescribed proforma within 45 days.

| Name of post | No. Of vacancies | Category | Group | Pay Scale |
|------------------------------|---------------------|---------------|-------|-----------------------|
| Lady Health Visitor (LHV) | 06 | 4-UR 1-OBC | С | Rs. 5200-20200/- + |
| | | 1-ST | | GP Rs. 2800/- |
| Staff Nurse | 02 | 1-UR 1-SC | C | Rs. 9300-34800/- + |
| | | | | GP Rs. 4600/- |

Eligibility conditions for the posts Lady Health Visitor (LHV):

- (i) Successful completion of ANM/Health Worker Female/Multi Purpose Worker Female Training Course recognized by Indian/State Nursing council after Matriculation or equivalent.
- (ii) Registration with any State Nursing Council as Health Worker Female/MPW (F)/ANM in Nursing and Midwifery.
- (iii) Successful completion of Promotional Training Course as prescribed by the Indian nursing Council from any institute recognized by Nursing Council.
- (iv) Working knowledge in Hindi.
- (v) At least 8 Yrs. Experience as ANM/Health Worker (F)/MPW(F)
- **Age:** 18-25 Yrs. (relaxable to SC/ST/OBC and Govt. Servant as per rules applicable).

Eligibility conditions for the posts Staff Nurse:

- a). (i) Matriculation or equivalent.
 - (ii) Successful completion of General Nursing & Midwifery course, recognized by Indian Nursing Council/State Nursing Council.
 - (iii) Registration with any State Nursing Council as registered Nurse and Midwife.

OR

- b). (i) B.Sc. Nursing degree from an Institution recognized by Indian Nursing council.
 - (ii) Registration with any State Nursing Council as registered Nurse and Midwife.

Desirable: Working knowledge in Hindi

Age: 18-25 Yrs. (relaxable to SC/ST/OBC and Govt. Servant as per rules applicable).

The posts will be filled up on regular basis. The pay of the selected persons will be regulated in accordance with the govt. rules, as amended from time to time. The eligible candidates may be short listed through a screening test following by written test/Interview.

Selection will be based upon Marks obtained in the written Examination & Interview to be held at this centre. 100 marks will be for the written examination and 25 marks for the interview. The proportionate weightage will also be given for experience in National Health Programmes, for the marks in the interview. Decision of the selection committee, in this matter will be final.

General Conditions

- 1) Application must be typed on full scap in double space strictly as per in the proforma given below. Envelope containing application must be superscribed on the envelope as **"Application for the post of LHV/Staff Nurse".**
- 2) Two photos duly singed by the candidate on the back be attached in the space provided.
- 3) Incomplete applications and application received after last date will not entertained. Any canvassing by the candidate is liable to lead to disqualification.
- 4) Duly self attested copies of relevant Date of birth certificate, caste certificate, educational qualification, experience certificate, etc, in proof of all items given in the application be attached with the application form.
- 5) "All the General/OBC candidates will submit a Bank Draft for Rs. 150/and SC/ST for Rs. 100/-, alongwith their applications, in favour of Director, RHTC Najafgarh payable at New Delhi.
- 6) Eligible candidates for above posts may apply in the prescribed Performa within 45 days of publication/uploading of this advertisement along with two copies of admit card with signature in the proscribed space.

| 4 | Na PROVISIONAL ADMIT | Govt. of India ral Health Training Centre, ajafgarh, New Delhi-110 043 CARD FOR LHV/STAFF NURSE TE | <u>:ST</u> | Invigilator Copy Roll No. | |
|------|---|---|------------|---|---|
| 1. | Name of Candidate | Ms | | | - |
| 2. | Father's Name / Husband's | Name : Sh | Pass | here Recent port Size ograph duly | |
| 3. | Category: | : | attes | sted by cipal/Gazetted | |
| 4. | Date and Time of Examination | : | Offic | • • | |
| 5. | Venue of Examination : (Sig. of candidate) | ANM Training School Rural Health Training Centre | | | |
| To t | be signed in the | | | | |
| | sence of Invigilator | Najafgarh, New Delhi-110 043 | | | |

Govt. of India Rural Health Training Centre,

Najafgarh, New Delhi-110 043

Candidate Copy Roll No.

PROVISIONAL ADMIT CARD FOR LHV/STAFF NURSE TEST

| 1. | Name of Candidate | : | |
|------|---|--------------------------|---|
| 2. | Father's Name / Husband's Name | : | Affix here Recent Passport Size Photograph duly |
| 3. | Category: | : | attested by |
| 4. | Date and Time of Examination | : | Principal/Gazetted Officer |
| | | | |
| 5. | Venue of Examination : (Sig. of candidate) | ANM Training School | |
| To b | e signed in the | I Health Training Centre | |
| | | fgarh, New Delhi-110 043 | |

(Dr. R.N. Rai) DIRECTOR

То

INSTRUCTIONS:-

- 1. Candidates are required to bring their own blue or black pens & hard Board.
- 3. The Examination will be held at the Centre specified in the Admit Card.
- 4. The candidates will not be admitted to the Examination Hall without valid Admit Card containing her photograph duly attested by Gazetted Officer.
- 5. Candidate should be present in the Examination Hall half an hour before the commencement of the Examination.
- 6. No candidate would be allowed to the Examination Hall after half an hour of commencement of Examination.
- 7. The candidates should not bring any paper, except the Admit Card in the Examination Hall.
- 8. Candidate must abide by the instructions given by the Supervisor, Invigilator, failure to do so will make the candidate liable to any such punishment as the institute may decide.
- 9. No candidates will be allowed to leave the Examination Hall before the completion of the scheduled time i.e. 12.00 Noon.
- 10. There is **No Negative Marking** for wrong Answers.

APPLICATION FORM

| Post applied for | | | | | | | | | | Passpor | t siz | е | |
|---|-----------------|----------|---------|-----------|----------|----------|-----------|---------|-------|------------------|-------|-------|----------|
| Advertisement | | | | | | | | | | photogr | | | |
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| 1. Full Name (in black | | | | | | | | | | | | | |
| letter | | | | | | | | _ | | | | | <u> </u> |
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| | | | | | | | <u> </u> | | | | | | |
| 2. Father's Name/Husban | d's Name | | | | | | | | | | | | |
| 3. Address for Correspond | dence | | | | | | | | | | | | Т |
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| | r | | | | | | | | | | | | |
| 4.Permanent Address | - | | | | | | | | | | | | |
| Contact No(Telephone N | 0.) | | | | | | | | | | | | |
| | J.) | | | | | | | | | | | | |
| 5. Date of Birth with | | D D | М | ΜY | Y | ΥN | (| | | | | | |
| Documentary Evidence | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 6. Category | | SC | ST | OBC | UR | Go | vt.Em | n | Dhy | /sically | ٦ | | |
| o. category | | 50 | 51 | ODC | UK | 00 | v L I I I | μ. | | ndicaped | | | |
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| 7. Tick () Whichever is a | | | | | | | | | | X/ /NI | | | |
| (i) Whether LHV/Staff Nu (ii) If appearing in 2015 | rse Course con | npieted | | | | | | | | Yes/No Yes/No | | | |
| (iii) Whether Institution fi | rom where abc | | e is do | ne is rec | oanised | l hy In | dian N | lursina | 1 | Yes/No | | | |
| Council/State Nursing Co | | | | | oginised | i by 111 | | anomg | , | 103/110 | | | |
| (iv) Whether registration | of Indian/State | e Nursin | g Cound | il as AN | M/LHV/ | Staff N | lurse | obtaine | ed. | Yes/No | | | |
| (v) Age is between 18 to | 25 year. | | | | | | | | | Yes/No | | | |
| If age relaxation is so | ught mention o | category | • | | | | | | | | | | |
| (vi) Whether working kno | wledge is Hind | 11. | | | | | | | | Yes/No | | | |
| 8. State to which you bel | 000 | | | | | | | | | | | | |
| o. State to which you ber | 5119 | 1 | | | | | | | | | | | |
| 9. Nationality | | | | | | | | | | | | | |
| i | | | | | | | | | | | | | |
| 10. Details of Educational | | | | | | | | | | | | | |
| -vamination University | /Roard Institu | tion/Cou | ncil I | Month w | 0.0 5 | No of | | | Divid | sion/Clas | | hinct | ~ |

| Examination | of Examination | Month; year of passing | No.of Attempts. | Division/Class / Grade | Subjects |
|-------------|----------------|---------------------------|--------------------|---------------------------|----------|
| 1 85560 | | or passing | Attempts. | 7 Grade | |
| | | | | | |
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11. Where have you been employed? Give particulars below:-

| Name of the organization | Period of service From To | Designation | Nature of Duties Performed | Total Monthly Emoluments | Reason for Leaving Services |
|--------------------------|------------------------------|-------------|----------------------------------|-----------------------------|--------------------------------|
| | | | | | |

| 12. If selected specify the Minimum | |
|-------------------------------------|--|
| required joining time | |

Date: