

09. Mother tongue :
(Tamil / Malayalam / Telugu)

10. Knowledge of Language Known :
(Tamil / Malayalam / Telugu)

(Please enclose the SSLC / HSC Mark Sheet with Tamil/Malayalam/Telugu as one of the subject/language for the post of Staff Nurse)

11. Whether the candidate is a native/ resident of Union Territory of Puducherry ? (Tick the appropriate box) Yes No
(Enclose Attested copy of the certificate obtained from the Revenue Department on or after 01.01.2014)

13. (i) Whether the candidate belongs to UR/MBC/SC/OBC/BCM/EBC/BT? : 1. UR 2. MBC 3. SC 4. OBC
(Tick appropriate box) 5. BCM 6. EBC 7. BT

(Enclose Attested copies of the certificates issued on or after 01.01.2014 by the Competent Authority in the case of MBC/SC/OBC/BCM/EBC/BT)

(ii) Whether the candidate is an Ex-Serviceman ? If yes : Yes / No Regn. No. and Date
write the Registration No. and date in Department of Sainik Welfare, Puducherry.

(Enclose attested copies of all details such as Discharge and Registration certificate etc.)

(iii) Whether the candidate is a Meritorious Sports Person ? If yes : Yes / No
necessary attested copy of the certificate issued by the Competent Authority and all relevant copies of testimonials should be enclosed.

(iv) Whether the candidate is Differently Abled Person (PH)? If yes : Yes / No Category Percentage
state category and percentage

(Enclose attested copy of the certificate issued by the Competent Medical Authority all relevant copies of testimonials should be enclosed.)

14. Employment Exchange Registration Number and date : Registration Number
(Enclose Attested copy of the Employment Exchange Card valid upto 04.04.2014)

Registration No.	:	<input type="text"/>
Registration Date	:	<input type="text"/>
Validity Date	:	<input type="text"/>
Date of Registration of SSLC / H.Sc. NCO Code No. _____	:	<input type="text"/>
Date of Registration of (please fill up all the appropriate qualification registered)	:	<input type="text"/>
i. Trade in ITI _____ NCO Code No. _____		
ii. Diploma in _____ NCO Code No. _____		
iii. Degree in _____ NCO Code No. _____		

15. Details of Educational, Technical qualifications required for the post:

(i) (Enclose Attested copies of the certificates)

Name of the Examination	Name of Board/University	Year of passing	No. of attempts including first appearance	Total Marks secured	Maximum Marks	Percentage %

(ii) Registration No. and Date in the Council (Enclose attested copies of the certificates)
(for the post of Staff Nurse)

Staff Nurse Council Registration Details

Nursing Registration No.	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Midwife/Psychiatry Reg.No.	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DECLARATION

I have thoroughly gone through the recruitment details / general instructions provided along with the application form and clearly understood the contents of the same. I do hereby declare that all statements made in my application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information / materials furnished in my application, if subsequently on verification found to be false or incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that, in case, I am appointed in Government service based on the false and untrue information furnished by me, my services are liable to be terminated forthwith without notice. I further understand that if my application is found incomplete/defective, the same is liable to be rejected summarily and no correspondence will be entertained in this regard.

Place:

Date:

Signature of the candidate

CHECK LIST FOR THE POST OF _____

Please enclose copy of the testimonials as per the order mentioned below and indicate the page number invariably of all copies from 1 to the last copy of the testimonials

Sl. No.	Attested copies of the Certificates	Whether Enclosed Yes or No	If Yes indicate the Page No.	
			From	To
1	Attested copy of Birth Certificate / Transfer Certificates or Board / University certificate indicating date of birth			
2	Attested copy of educational qualification certificate prescribed in the "Information / instructions to Candidate"			
3	Attested copy of technical qualification certificate prescribed in the "Information / instructions to Candidate"			
4	Attested copy of Diploma / Degree Mark Sheets (year-wise / Semester-wise)			
5	Attested copy of Certificate of Registration for Nursing / Midwifery in the Nursing Council of India (for the post of Staff Nurse)			
6	Attested copy of SSLC/H.Sc. Mark sheets indicating Tamil, Malayalam or Telegu as one of the language studied or certificate of an approved language course in the above languages from a recognized institute. (for the post of Staff Nurse)			
7	Attested copy of Caste certificate for OBC/MBC/BCM/EBC/BT/SC obtained from the Revenue Authority not below the rank of Deputy Tahsildar issued on or after 01.01.2014 .			
8	Attested copy of Nativity/Residence certificate for five years from the Revenue Authority not below the rank of Deputy Tahsildar issued on or after 01.01.2014 .			
9	Attested copy of Certificate issued by the Dept. of Sainik Welfare, Puducherry for Ex-Serviceman wherever it is necessary, with related records.			
10	Attested copy of Certificate issued by the Competent Authority for Meritorious Sports Person wherever it is necessary, with related records.			
11	Attested copy of certificate issued by the competent Authority for Physically Handicapped persons wherever it is necessary, with related records.			
12	Attested copy of Employment Exchange Registration Card.			

CHECK LIST DECLARATION

I have enclosed all the copies of testimonials as per the Check List order and numbered the copies of the Testimonials from page No.1 (first page of the copy of the testimonial) to ____ (last page No. of the copy of the testimonial). I further declare that no copy of the testimonials is left out without numbering and the page nos. mentioned in the check list are correct to the best of my knowledge and belief. I declare to ensure that all copies have been enclosed and will not approach the Department in future to enclose / remove any certificates from the application.

Place:

Date:

Signature of the candidate