## SAINIK SCHOOL SUJANPUR TIRA DISTRICT- HAMIRPUR (HP) PIN- 176110

1. Applications are invited from eligible candidate for the posts of a Nursing Sister and a Craft Attendant on contractual basis for a period of one year in Sainik School Sujanpur Tira (HP) as per the details mentioned against respective columns:-

| Post               | Education Qualifications   | Category / No. of Posts | Pay<br>Scale                                   | Age   |
|--------------------|--|-------------------------|--|---|
| Nursing<br>Sister  | Essential:-  (a) Nursing Diploma/Degree  (b) 05 years' experience or exservicewoman of Medical Assistant trade with at least 05 years' service after training. | OBC - 01                | 25,000/-<br>per<br>month<br>(consolid<br>ated) | Between<br>18 years<br>to 50<br>years as<br>on 01<br>Apr 2021 |
| Craft<br>Attendant | Essential:- Matriculation or equivalent examination from a recognized board.   | ST - 01                 | 22,000/-<br>per<br>month<br>(consolid<br>ated) | Between<br>18 years<br>to 50<br>years as<br>on 01<br>Apr 2021 |

2. <u>HOW TO APPLY</u>. Desirous candidates are to apply on the prescribed application form available on the School's Website <u>www.sainikschoolsujanpurtira.org</u>. The application form must reach this office latest by 1700 hrs on 04 Feb 21 together with attested copies of testimonials/certificates, a self-addressed envelope with stamps affixed worth Rs. 25/- and a Demand Draft (of PNB/Canara/SBI/KCCB) of Rs 300/- in favour or Principal, Sainik School Sujanpur Tira payable at Sujanpur Tira (HP). Applications received late or without required documents will be summarily rejected. The School will not be responsible for any postal delay or loss of documents. Only short listed candidates will be called for the selection process. No TA/DA will be paid for attending the selection test.

File: SSST/108/4/Adm

Date: 11 Jan 21

Principal
Sainik School
Sujanpur Tira (HP)

## <u>APPLICATION FOR THE POST OF NURSING SISTER ON CONTRATUAL BASIS</u> (FILL IN BLOCK CAPITAL LETTERS ONLY)

| 1.         | Name                                     | :           |       |   |          |  |                       |
|------------|--|-------------|-------|---|----------|--|-----------------------|
| 2.         | Father's/Husband's Name                  | :           |       |   |          | and the same of th | Affix recent Passport |
| 3.<br>Pin  | Permanent Address with Code              |             |       |   |          |  | Size<br>Photograph    |
| 4.<br>with | Address for Correspondence<br>n Pin Code |             |       |   |          |  |                       |
|            |  |             |       |   |          |  |                       |
| 5.         | Category                                 |             |       |   |          |  |                       |
| 6.         | Contact Nos. : (a) Phone with            | sTD Co      | de    | : |          |  |                       |
|            | (b) Mobile No                            | 0.          |       | : |          |  |                       |
|            | (c) E-Mail                               |             |       | : |          |  |                       |
| 7          | Date of Birth                            | :           |       |   |          |  |                       |
| 8.         | Age as on 01 Apr 2021                    | :           | Years |   | Months _ | Days   | ;                     |
| 9.         | Marital Status                           | :           |       |   |          |  |                       |
| 10.        | Educational/ Professional Ou             | alification | ne.   |   |          |  |                       |

| Class                  | Medium                | S           | Subjects S | tudied    | Date of    | Name               | of | Board/     | 0/- 000                  | :  | D: :         |
|------------------------|-----------------------|-------------|------------|-----------|------------|--------------------|----|------------|--------------------------|----|--------------|
|                        | of<br>Instructio<br>n | <u>Main</u> |            | Ancillary | Completion | School/<br>College | 01 | University | % age<br>Main<br>Subject | ın | Divi<br>sion |
| 10 <sup>th</sup>       |                       |             |            |           |            |                    |    |            |                          |    |              |
| 12 <sup>th</sup>       |                       |             | 42         |           |            |                    |    |            |                          |    |              |
| Gradua<br>tion         |                       |             | 1 - 12°-14 |           | 3          |                    |    |            |                          |    |              |
| Post<br>Gradua<br>tion |                       |             |            |           |            |                    |    |            |                          |    |              |
| Any<br>other           | Ži, +                 |             |            |           |            |                    |    |            |                          |    |              |
| 1.4                    |                       |             |            |           | 114        |                    |    |            | -                        | -  |              |

| 11. I | Experience,                    | if any:    | :           |      |                    |                         |                 |      |                     |              |
|-------|--------------------------------|------------|-------------|------|--------------------|-------------------------|-----------------|------|---------------------|--------------|
| S. No | Name<br>Institution<br>address | of<br>with | Appointment | From | eriod of Ser<br>To | vice<br>Total<br>Period | Temp/<br>Perman | hoc/ | Salary<br>(all incl | Drawn<br>PM) |

| Institution | with  | Appointment | Pe   | riod of Ser | vice   | Temp/ Ad hoc | / Salary Drawn |
|-------------|-------|-------------|------|-------------|--------|--------------|----------------|
| address     | WILII |             | From | То          | Total  | Permanent    | (all incl PM)  |
| 1441033     |       |             |      |             | Period |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |
|             |       |             |      |             |        |              |                |

NOTE: ENCLOSE SELF ATTESTED PHOTOCOPIES OF ALL THE CERTIFICATES IN

| BULL  | OKI OF EDUCA.                             | <u>I IONAL QUALIFICATIO</u>                                 | <u>ONS &amp; EXPE</u>             | <u>RIENCES</u>           |                          |  |  |  |  |  |
|-------|---|---|-----------------------------------|--------------------------|--------------------------|--|--|--|--|--|
| 12.   | Proficiency in Computers:                 |   |                                   |                          |                          |  |  |  |  |  |
|       | Games & Sports/H                          |   |                                   |                          |                          |  |  |  |  |  |
|       | Application fee:                          | he in foregree of "Principal                                | al Cairil Cala                    | -1 C.:                   | Tim (III) "              |  |  |  |  |  |
| Punia | h National Rank -                         | be in favour of "Principa<br>Code <b>66700</b> or State Ban | li, Sainik Scho<br>k of India - C | oi, Sujanpu<br>A. 10726) | r Itra (HP) payable o    |  |  |  |  |  |
| Name, | , Post applied for an                     | ad complete Address in cap                                  | ital letters, on t                | he reverse s             | ide of the Demand Draft, |  |  |  |  |  |
| Dema  | nd Draft No.                              |   | Amount                            |                          | 300/-                    |  |  |  |  |  |
| Date  |   |   | Drawn on                          |                          |                          |  |  |  |  |  |
| 15.   | Any other details:  I, hereby certify the | CERTIF  |                                   | I true to the            | e best of my knowledge   |  |  |  |  |  |
| and b | pelief.                                   | ,   |                                   |                          |                          |  |  |  |  |  |
| Place | <b>:</b> :                                |   |                                   | (Signa                   | ture of Applicant)       |  |  |  |  |  |
| Date: | :   |   | e de                              | Name                     | :                        |  |  |  |  |  |
|       |   | FOR OFF   | ICE USE                           |                          |                          |  |  |  |  |  |

## APPLICATION FOR THE POST OF CRAFT ATTENDANT ON CONTRATUAL BASIS (FILL IN BLOCK CAPITAL LETTERS ONLY)

| 1.        | Name                                     | :                   |                            |
|-----------|--|---------------------|----------------------------|
| 2.        | Father's/Husband's Name                  | :                   | Affix recent Passport Size |
| 3.<br>Pin | Permanent Address with Code              | :                   | Photograph                 |
|           | Address for Correspondence<br>n Pin Code | :                   |                            |
| 5.        | Category                                 | :                   |                            |
| 6.        | Contact Nos.: (a) Phone with             | n STD Code :        |                            |
|           | (b) Mobile No                            | o. :                |                            |
|           | (c) E-Mail                               | :                   |                            |
| 7         | Date of Birth                            | :                   |                            |
| 8.        | Age as on 01 Apr 2021                    | : Years Months Days |                            |
| 9.        | Marital Status                           | :                   |                            |
| 10        | Educational/ Professional Qu             | nalifications:      |                            |

| Class            | Medium<br>of<br>Instructio   | Subjects S<br>Main | tudied<br>Ancillary | Date of Completion | Name of<br>School/<br>College | Board/<br>University | % age in<br>Main<br>Subject | Divi<br>sion |
|------------------|--|--------------------|---------------------|--------------------|-------------------------------|----------------------|-----------------------------|--------------|
| 10 <sup>th</sup> | n  |                    |                     | 1                  |                               | 1                    |                             |              |
| 12 <sup>th</sup> |  | e Give             | n.                  |                    |                               |                      |                             |              |
| Any<br>other     |  |                    |                     | 9                  |                               |                      |                             |              |
|                  | The Control of the Co |                    |                     |                    | North Reserved                | A                    |                             |              |

| S. No | Name                | of       | Appointment    | Pe           | riod of Se      | rvice           | Temp/     | Ad hoc/      | Salary Drawn    |
|-------|---------------------|----------|----------------|--------------|-----------------|-----------------|-----------|--------------|-----------------|
|       | Institution address | with     |                | From         | То              | Total<br>Period | Perma     |              | (all incl PM)   |
|       |                     |          |                |              |                 |                 |           |              |                 |
| -     |                     |          |                |              |                 |                 |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |
| TON   | E: ENCLO            | SE SI    | ELF ATTEST     | ED PHO       | TOCOP.          | IES OF          | ALL_TE    | IE CERT      | TIFICATES IN    |
|       |                     |          | TIONAL QU      |              |                 |                 |           |              |                 |
| 12.   | Proficiency         | in Co    | mputers:       |              |                 |                 |           |              |                 |
|       | •                   |          |                |              |                 |                 |           |              |                 |
| 13.   | Games & S           | ports/   | Hobbies:       |              |                 |                 |           |              |                 |
| 14.   | Application         | n fee :  |                |              |                 |                 |           |              |                 |
|       | (Demand D           | raft to  | he in favour   | of "Princi   | inal Sain       | ik School.      | Suianou   | r Tira (H.   | P)" payable at  |
| Punje | ab National         | Bank -   | - Code 66700   | or State Bo  | ank of Inc      | lia — Code      | 10726).   | Candidat     | es should write |
| Name  | e, Post applie      | ed for a | nd complete A  | ddress in co | apital lette    | ers, on the     | reverse s | iae of the l | Demand Draft).  |
|       | and Draft No        | ).       |                |              | Amou            |                 |           | 300/-        |                 |
| Date  |                     |          |                |              | Drawr           | on              |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |
| 15.   | Any other           | details  | S:             |              |                 |                 |           |              |                 |
|       |                     |          |                | <u>CERT</u>  | <u> IFICATI</u> | <u> </u>        |           |              |                 |
|       | I. hereby o         | ertify   | that the above | particular   | s are con       | rect and tr     | ue to the | best of n    | ny knowledge    |
| and   | belief.             |          |                |              |                 |                 |           |              | ,               |
|       |                     |          |                |              |                 |                 |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |
| Plac  | e:                  |          |                |              |                 |                 | (Signa    | ture of Ap   | oplicant)       |
| Date  | <del>:</del> :      |          |                |              |                 |                 | Name:     |              |                 |
|       |                     |          |                | FOR OF       | FICE U          | SE              |           |              |                 |
|       |                     |          |                |              |                 |                 |           |              |                 |

11. Experience, if any:

Scanned by CamScanner