



**APPLICATION FOR THE POST OF
ON FIXED TENURE CONTRACT (ADHOC BASIS)**

(Recruitment Notification No. 09/2023 dated 04.05.2023)

Name of Applicant (As in X th Certificate) :	Recent Passport Size Photo
Date of Birth :	
Gender :	
Religion & Caste :	
Category- UR /SC/ST/OBC (NCL)/EWS (Category not mentioned will be treated as UR only) :	
If PWBD, Category (OH, HH, VH) :	
Ex-Serviceman Yes / No :	If Yes, Service From: To
Aadhaar Number :	
Marital Status :	
Father's Name :	
Mother's Name :	
Address with PIN code (Mandatory)	E-Mail: (Shall be the same as used for submitting online form)
	Phone No:
UAN, if previously member of EPF :	
ESI Number, if registered under ESI :	

EDUCATIONAL QUALIFICATIONS (Qualification starting from Matriculation)

Examination Passed	Institute	Study Period (From – To)		Course Recognised by Govt – Yes / No	Passing Month & Year (As in Pass Certificate)

KERALA NURSES AND MIDWIFES COUNCIL REGISTRATION DETAILS (Applicable to the post of Nurse)

Registration No. Nurse		Date of Registration		I declare that have a valid Kerala Nurses & Midwife Council Registration and is authorized as per the rules of the State of Kerala to practice and do service as Nurse.
Registration No. Midwife		Registration Valid Up to		

Whether capable to operate Electro Medical Equipments	Yes / No
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Signature of candidate:

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For Ex-Servicemen

Equivalent / Trade Certificate received, if any, from the Armed Forces, relevant to the post applied	Date of acquiring equivalency / Trade certificate for prescribed qualification, relevant to the post applied	Date of acquiring Degree Equivalency, if any

RELEVANT POST QUALIFICATION EXPERIENCE DETAILS (after attaining registration of nursing council for Nurse)

Certificate (s) to be attached. (In chronological order. Use additional sheet if required)

Name of Organisation with Address and Designation	Type of Establishment (Canteen / Hotel / Hospital / PHC etc. If hotel, mention Star classification)	Nature of engagement (Full time / Part Time / Daily wage)	Area of duty / Job Responsibilities	Employment Period (Mention dates)	Experience (in Years, Months and days)
				From:	Years ____
				To:	Months ____
					Days ____
				From:	Years ____
				To:	Months ____
					Days ____
				From:	Years ____
				To:	Months ____
					Days ____

Total relevant Post Qualification Experience (after attaining registration of nursing council for Nurse) **as on 01.05.2023.**

_____ Years, _____ Months

I, _____ (Name) I declare that the educational qualification mentioned above are approved and recognized as required in the notification and is acquired through full time regular course and further declare that I am not involved in any criminal case nor is any criminal case registered against me in any of the police station / courts and that the details furnished above are true to the best of my knowledge and belief and relevant data mentioned here in above is same as submitted in online form. I understand that suppression of any facts and declaration of false information in the application will entail disqualification for appointment / termination from service anytime during the tenure of service and make me liable for action under Indian Penal Code.

Place:

Signature

Date:

Name