

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND: KOHIMA**

PRESCRIBED APPLICATION FORM FOR STAFF NURSE

1	FULL NAME OF THE CANDIDATE (IN BLOCK LETTERS)		Space for photograph Paste one clear and recent passport size
2	FATHER'S/ HUSBAND'S NAME (IN BLOCK LETTERS)		
3	GENDER		
4	DATE OF BIRTH AS PER HSLC/ MATRIC ADMIT CARD		
5	FULL POSTAL ADDRESS (IN BLOCK LETTERS). DO NOT WRITE YOUR NAME		
6	EMAIL		
7	PHONE NUMBER		
8	IF BT, NAME OF THE TRIBE		
9	NAME(S) OF THE POST(S) APPLIED		
10	IS ANY AGE RELAXATION CLAIMED? (YES/NO) IF YES, GIVE DETAILS AND ATTACH SUPPORTING DOCUMENTS:		
11	ADVERTISEMENT NUMBER:		
12	HAVE YOU EVER BEEN DEBARRED FROM APPEARING IN ANY COMPETITIVE EXAMINATION		
13	LIST OF SUPPORTING DOCUMENTS ATTACHED (NOTE THAT MARK SHEETS SHOULD BE IN CHRONOLOGICAL ORDER)	1. 2. 3. 4. 5.	6. 7. 8. 9. 10.

14. EDUCATIONAL QUALIFICATION (MATRICULATION/ HSLC ONWARDS):

LEVEL	% SCORED	YEAR OF PASSING	BOARD/ UNIVERSITY
HSLC or equivalent			
HSSLC or equivalent			
Diploma			
Graduate degree			
Post Graduate degree			
Post Doctoral degree			

15. DETAILS OF EMPLOYMENT (for those who are employed)

NAME OF THE POST	PERIOD		NAME OF THE DEPARTMENT/ FIRM/ INSTITUTION
	FROM	TO	

16: NO OBJECTION CERTIFICATE

“NO OBJECTION CERTIFICATE”

(For Government employees employed in Departments other than Department Health & Family Welfare only)

Certified that (Name of employee) holds the post of _____ in (Name of the Department) _____ and that nothing adverse about her/ his character is known to me and also that I have no objection for her/ him to appear in any examination/ interview for seeking employment.

Place: _____ Date: _____

Name & Signature of the Head of Department (with Seal)

NB: Production of NOC is exempted for employees under Health & Family Welfare department including NHM, NSACS & NHAH.

17. DECLARATION:

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or correct or ineligibility detected, I am liable to be disqualified.

PLACE: _____ DATE: _____

CANDIDATE'S SIGNATURE

INSRUCIONS TO APPLICANTS

1. Only candidates who possess requisite qualification at the time of applying will be eligible to apply for the post(s).
2. Candidates who have downloaded the online application form should fill up and scan the filled application form and send through email to hfw.recruitment2020@gmail.com.
3. No Objection Certificate from the Head of Department/ Public undertaking to be furnished on the body of the application itself, only in case the applicant is an employee of the Government or Public undertaking.
4. Work Experience Certificate from the Head of Department/ Public undertaking to be furnished in case of serving contractual.
5. Attested photocopy of the following documents/ materials should be scanned and enclosed.
 - a. HSLC/ Matriculation/ Equivalent Admit Card for proof of Date of Birth. No other Certificate will be accepted for age proof.
 - b. Indigenous Inhabitant Certificate.
 - c. Schedule Tribe Certificate/ Backward Tribe Certificate as relevant and applicable.
 - d. Proof of Educational Qualification: Mark Sheets & Pass Certificate from Matriculation onwards till requisite qualification (Provisional Certificate for Degree if original Pass Certificate is not yet issued by institute/ University)
 - e. Internship completion Certificate & Registration Certification issued by competent Council, wherever applicable.