



Phone: 0413 - 2296022
Fax : 0413- 2272067
Web : www.jipmer.edu.in

**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH,
PUDUCHERRY- 605 006**

An Institution of National Importance

(Under the Ministry of Health & Family Welfare, Government of India)

Admn-I/Direct Rect./2(1)/2015

Date: 01.03.2015

SPECIAL RECRUITMENT DRIVE FOR SCHEDULED TRIBES (ST)-2015

Applications are invited by the Director, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry-605 006 from eligible **Indian Citizens belonging to Scheduled Tribes only** for recruitment to the following posts :-

Code No.	Name of the Post	Group	No. of ST vacancies	Pay Band and Grade Pay
1	STAFF NURSE	B(NG)	40	PB-2 Rs.9300-34800 + GP Rs.4600/-

Note : “ No. of vacancies is subject to change”

Horizontal Reservation: The number of vacancies as indicated above against **Code No.1** in the number of vacancies includes the following:

Code NO	Name of the Post	Persons with Disabilities (PwD)
1	STAFF NURSE	1*

***Identified for Orthopedically Handicapped (OH) Category**

Examination Fees:

Code No.	Amount in (Rs.)	Persons with Disability (PwD)
a) 1	250/-	No Fees

The fee should be paid in the form of **Demand Draft in favour of ‘ The Director, JIPMER’ Payable at Puducherry (State Bank of India – JIPMER Branch)**. The amount of fee shall not be accepted in any other form. Fees once paid shall NOT be refunded under any circumstances nor can it be held in reserve for any other examination or selection.

I. CONDITIONS FOR ELIGIBILITY:

A) General Conditions:

- 1) Nationality : Only **Indian Nationals belonging to Scheduled Tribes (ST)** are eligible to apply
- 2) Age limit : Age will be reckoned as on **03.04.2015.**

Eligibility Criteria in respect of Age and Educational/Technical Qualifications are as follows :-

CODE NO: 1 STAFF NURSE

Age Limit:

NOT EXCEEDING **40 YEARS**.

Essential Qualification:

- a. Degree or Diploma in General Nursing and Midwifery or equivalent from a recognized University/Institution.
- b. Registered as Nurse and Midwife under Indian Nursing Council Act 1947/ any State Nursing Council.

B. AGE RELAXATION	Age-Relaxation permissible beyond the Upper age limit
PwD + ST	10 years
Employees working in Govt./ PSU/ Autonomous body under the Govt. who have rendered not less than 3 years regular and continuous service as on crucial date.	Up to 45 years of age for ST Category

MODE OF SELECTION:

Code No.	Mode of Selection
1	Written Test

SCHEME OF EXAMINATION:

1. The Question Paper will consist of **100 Multiple Choice Questions** of Objective type in the **subject of Nursing**.
2. **The duration of the Examination will be 120 minutes.(2 hours)**
3. The Question paper will be only in **English**.
4. **Each correct answer will carry 1(one) mark**. There will be a **negative marking of 0.25 marks** for each wrong answer.

II. HOW TO APPLY?

Candidates fulfilling the eligibility criteria as mentioned above may apply in the prescribed format appended (**Annexure - I**) along with the attested copies of the following certificates/enclosures:-

1. Age Proof.
2. Relevant Educational & Technical Qualifications for the post applied.
3. **Demand draft in favour of the Director, JIPMER payable at State Bank of India, JIPMER Branch, Puducherry (in original).**
4. “**No Objection Certificate**’ from the present employer, if employed in State/Central Government/ Union Territories/Public Sector Undertaking/Autonomous bodies. A candidate claiming under the category of Central Government servant and thus seeking age relaxation would be required to produce a Certificate from his/her Employer on the Office letter head to the effect that he/she is a regularly appointed Central Government Servant and not on casual/adhoc/daily wages/hourly paid/contract basis employee.
5. **The Candidates belonging to Persons with Disability (PwD), should submit the necessary proof for claiming the respective reservation.**
6. The candidates belonging to **ST** category should submit the latest community certificate issued by the competent authority failing which they will not be considered and his/her application will be treated as **Ineligible**.
7. Recent Self-attested Passport Size Photograph affixed in the application proforma..

III. INSTRUCTIONS:

1. Application cover should be superscribed as “**Application for the Post of STAFF NURSE (Code no. : 1)**” and the same should be addressed to the **Director, JIPMER, Puducherry-605006.**
2. Application along with attested copies of certificates as stated above should be submitted in the prescribed **Pro-forma** (Annexure) as in the specimen given below. It should be **neatly typed / hand written on A4 size paper.**
3. **INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT WILL BE REJECTED.**
4. **SUBMISSION OF APPLICATION WITHOUT PROVISIONAL/DEGREE/DIPLOMA CERTIFICATE WILL BE SUMMARILY REJECTED.**
5. For candidates working in Central/State Government/Union Territories/Public Sector undertaking / Autonomous bodies, their application should be routed through proper channel with the Vigilance Clearance Certificate **or** along with ‘**No Objection Certificate**’ from the Employer.
6. This Institute is **not responsible for any postal delay.**
7. The **Call Memo** will be sent only to **Eligible candidates.** No intimation will be sent for **late applications and also for ineligible applications.**
8. **Incomplete application i.e. applications not enclosing all or any of the copies of the required certificates / application received after due date mentioned below will be summarily rejected without any intimation.**
9. **Unsigned application will be rejected summarily.**
10. **THE CANDIDATES ARE ADVISED NOT TO BRING ANY INFLUENCE DIRECTLY OR INDIRECTLY BY ANY MEANS WILL BE TREATED AS A DISQUALIFICATION AND HIS/HER APPLICATION AND SELECTION WILL BE SUMMARILY REJECTED.**
11. Submission of any missing/additional Certificates/documents after the last date for receipt of the application will not be entertained.
12. The last date for receipt of filled in applications is **03.04.2015 (till 04.30 P.M)**

DIRECTOR

ANNEXURE - I (SPECIAL RECRUITMENT DRIVE)

Proforma of application for the post of STAFF NURSE (2015) – (Code No: 01) at Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry– 6.

- 1 Name in **Block letters** :
- 2 Father's name :
- 3 Date of birth in Christian era and Age as on
(03.04.2015.) : **D D M M Y Y Y Y** Age
- 4 Sex : Male Female
- 5 Nationality :
- 6 Religion :
- 7 PwD(Persons with Disability) i) YES ii) NO
If yes OH
- 8 Category : ST

**Affix
Passport Size
Photograph
Attested by
Self**

Address for communication (In Capital Letter)

9	P	I	N	C	O	D	E	:																							
	Ph.No.:																														
	E-Mail ID																														

Educational qualifications from Matriculation /SSLC:

Sl. No.	Educational Qualification (From SSLC/Matriculation)	Marks/Grade Obtained	Year of Passing	Name of the Board /Institute/ University
10	1			
	2			
	3			

11 Whether employed in Central/State Govt./Public Sector Undertaking (Autonomous bodies if yes mention the status of the office (Put against the box provided) : Yes No

D.D.No.	Date	Issuing Bank	Branch Name	Amount
12				

LIST OF CERTIFICATES ATTACHED/ENCLOSED (The Certificate should be self-attested):

Sl.NO	Particulars	(Tick the appropriate box)(<input checked="" type="checkbox"/>)
13	1. DEMAND DRAFT (in original)	<input type="checkbox"/>
	2. BIRTH CERTIFICATE	<input type="checkbox"/>
	3. SSLC CERTIFICATE	<input type="checkbox"/>
	4. HSC CERTIFICATE/ PRE-DEGREE CERTIFICATE	<input type="checkbox"/>
	5. DIPLOMA CERTIFICATE	<input type="checkbox"/>
	6. BACHELOR DEGREE CERTIFICATE	<input type="checkbox"/>
	7. PERSONS WTH DISABILITY CERTIFICATE (If yes)	<input type="checkbox"/>
	8. COMMUNITYCERTIFICATE	<input type="checkbox"/>
	9. OTHERS (IF ANY): _____	<input type="checkbox"/>

Declaration

I _____ hereby declare that all the 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 incorrect or ineligible and detected before or after exam/Interview, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate