

VACANCY NOTICE

Applications are invited from eligible General / OBC/ ST candidates for appointment to the under mentioned post on regular basis. The applications along-with testimonials indicating educational qualification, technical qualification, experience, age proof , EE Regn. Card , Caste certificate and certificate in proof of physically handicapped duly attested should reach to the Directorate of Health Services, Port Blair **on or before 31st March, 2011** positively in the prescribed format. No applications will be entertained after **31.03.2011**.

01.	Name of post	Junior Radiographer-cum-Receptionist							
02.	Classification	Group 'C' Central Government Non Gazetted/Non-Ministerial							
03.	No. of posts	06 (Six).							
04.	Category	<table border="1"><tr><td>General</td><td>03 (three)</td></tr><tr><td>OBC</td><td>02 (Two)</td></tr><tr><td>Scheduled Tribe</td><td>01 (one)</td></tr></table>		General	03 (three)	OBC	02 (Two)	Scheduled Tribe	01 (one)
General	03 (three)								
OBC	02 (Two)								
Scheduled Tribe	01 (one)								
05.	Scale of pay	Rs.5200-20200 plus Grade Pay Rs. 2000/-							
06.	Age limit	18 to 33 years for male 18 to 38 years for female							
07.	Educational Qualification	<p><u>Essential</u></p> <ol style="list-style-type: none">1. Pass in All India Senior Secondary School Certificate (XIIth Std) or its equivalent from a recognized Board.2. Diploma/Certificate course in Radiological Technology course of two years duration from a Govt. recognized Institution <p style="text-align: center;">OR</p> <p>Diploma/Certificate in Radiography course of two years duration from a recognized institution.</p> <p><u>Desirable</u></p> <p>Three years working experience as Radiographer in any recognized Hospital.</p> <p><u>Note:</u> Candidates who have passed Xth Std and possess the Professional qualification as in item No. (ii) above will also be eligible.</p>							


(Dr S K Paul)
Director of Health Services

FORMAT

**APPLICATION FOR THE POST OF JUNIOR RADIOGRAPHER -CUM-
RECEPTIONIST IN THE DEPARTMENT OF HEALTH, ANDAMAN AND
NICOBAR ADMINISTRATION**

Paste Recent Passport
size photograph duly
attested by a
Gazetted Officer
(with One additional
photograph)

1.	Name in BLOCK LETTERS (as recorded in educational certificate)			
2.	Father/Husband's name			
3.	Category	General	O.B.C.	Scheduled Tribe
4.	a) Date of birth (as recorded in educational certificate.)	Date	Month	Year
	b) Age as on 31.03.2011	Year	Month	Days.
5.	a. Educational qualification	1.		
	b. Other qualification	2.		
6.	Past experience, if any			
7.	Employment exchange Card No. (if any) enclose attested copy of card			
8.	Attach proof of Caste/physically handicapped certificate			
8.	Postal address for communication with contact Number.			

I hereby declare that all the statement made in the application are true, complete and correct to the best of my knowledge and belief, I understand that in the event of any information being false or incorrect or ineligibility being detected before or after my selection my candidature/appointment is liable to be cancelled.

Place:

Date:

(Signature of the applicant)

(Application not signed by the candidate will be rejected).