


VACANCY NOTICE

Applications are invited from eligible General / OBC/ST candidates for appointment to the under mentioned post purely **on ad-hoc 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 29th April, 2011** positively in the prescribed format. No applications will be entertained after 29th April, 2011:-

01.	Name of post	Health Worker (Male)			
02.	Classification of the post	Group "C" Non-Gazetted/Non-Ministerial			
03.	No. of post	General	OBC	ST	Total
		11	08	03	22
04.	Scale of pay	Rs. 5200-20200 Plus Grade Pay Rs. 2000/-			
05.	Age limit	18 to 33 yrs (for male candidates only) (Relaxable for Govt. servants/ST candidates upto 5 years in accordance with the instructions or orders issued by the Central Govt.) Note: The crucial date for determining the age limit shall be the closing date for receipt of name from the Employment Exchange, A&N Islands or applications from candidates.			
06.	Educational qualification	Essential 1. Matriculation or its equivalent from a recognized Board/University. 2. Must have passed Health Worker (Male) Certificate course in Health Worker issued by a Recognized Institute.			


(Dr S K Paul)
Director of Health Services

FORMAT

APPLICATION FOR THE POST OF HEALTH WORKER (MALE) 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.	a) Date of birth (as recorded in educational certificate.)	Date Month Year
	b) Age as on 29.4.2011	Year Month Days.
4.	a. Educational qualification	1.
	b. Other qualification	2.
5.	Past experience, if any	
6.	Employment exchange Card No. (if any) enclose attested copy of card	
8.	Attach proof of Caste Certificate duly attested.	
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).