

**INDIRA GANDHI INSTITUTE OF CHILD HEALTH,
BANGALORE.**

Notification No: ಇಂಗಾಂಮಅಸಂ/ಎನ್ ಹೆಚ್ ಎಂ/ಅಧಿಸೂಚನೆ/01/2020-21/724,

DATE: 15.12.2021

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**APPLICATION FORM FOR THE POST OF NURSING OFFICER ON
CONTRACT BASIS.**

Date of Interview : 23.12.2021.

1	Name of the candidate (in capital letters)																					
2	Qualifications prescribed for the post																					
3	Sex	<table border="1"> <tr> <td>Male</td> <td>Female</td> </tr> </table>		Male	Female																	
Male	Female																					
4	Nationality																					
5	Postal address for correspondence Mobile No E-mail I.D	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Pin code : <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
6	Name of Father/Mother/Husband/wife																					
7	Date of Birth as recorded in the S.S.L.C. certificate																					
8	Indicate Kannada Language in SSLC or equivalent examination 1 st / 2 nd Language.		<table border="1"> <tr> <td>1st Language Kannada</td> <td>2nd Language Kannada</td> </tr> </table>	1 st Language Kannada	2 nd Language Kannada	<table border="1"> <tr> <td>Marks scored</td> <td>Max. Marks</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Marks scored	Max. Marks														
1 st Language Kannada	2 nd Language Kannada																					
Marks scored	Max. Marks																					
9	Details of the Qualifications : GNM / BSc Nursing																					
Sl. No.	Qualification	Total Marks Obtained	Percentage	Name of the College & University & year of passing																		

10	Experience of previous appointments.				
	Designation	Period (DD/MM/YYYY)		Total no. of years	Name of the College & University
		From	To		
11	Present employment if any / Experience Certificate				
12	No objection certificate from currently serving institute				
138	Other information				

NOTE:- Candidate should produce all original Marks cards & other related original documents at the time of walk in interview.

:-DECLARATION:-

I declare that the above furnished information is true and correct to the best of my knowledge and belief. If any of the information furnished above is found to be false or incorrect, I shall be liable to civil / criminal action by instruction or Government of Karnataka as per law.

Place:

Date:

Signature of the Candidate