### Government of Rajasthan

## Office of The Principal & Controller Govt. Medical College, Sirohi

E-mail: principal.mc.sirohi@rajasthan.gov.in, Ph. 02972-220049

No.-GMC Sirohi/Estt. /Advertisement/2022/ 232

Date 20-10-2022

#### Advertisement Recruitment of Nursing Officer and Lab Technician on Purely Urgent Temporary Basis for Government **Medical College Sirohi**

Applications are invited for Recruitment of following posts in purely Urgent Temporary (UTB) for a period of six months or till regularly selected persons are available, whichever may be earlier in Govt. Medical College Sirohi

| Sr<br>No. | Name of Post     | No. of<br>Post | Qualification & Experience<br>(As per Raj-MES Recruitment Rules)  |
|-----------|------------------|----------------|---|
| 1         | Nursing Officers | 85             | <ol> <li>Basic Qualification, 12<sup>th</sup> Science</li> <li>GNM or its equivalence</li> <li>Registered in Rajasthan Nursing Council</li> </ol>   |
| 2         | Lab Technician   | 21             | <ol> <li>Basic Qualification, 12<sup>th</sup> Science</li> <li>DMLT (Diploma) in Concerned Subject from Recognized<br/>institution</li> <li>Registered in Rajasthan Para Medical Council</li> </ol> |

Note All these Advertised posts have been sanctioned by Medical Education Department Rajasthan through the letter No. F-1 (38) Raj-Mes/Estt./N.G./Sirohi/2022/ 10690 दिनांक 18.10.2022 **Terms and Conditions :-**

- 1. Duly filled Application form along with self attested copies of required documents must be submitted by hand or by post in Office of the Principal & Controller Govt. Medical College Hospital Palace Road, Sirohi up to 07-11 -2022 at 05:00 PM
- 2. Appointment will be on Purely Urgent Temporary Basis (UTB) of Fixed Remuneration as per RajMES Medical Education Department, Rajasthan.
- Minimum Qualification for each post has been mentioned in above table. 3.
- Selection committee will have the right to change the number of posts as per need. 4.
- Selection committee will have the right to accept or reject the application. 5.
- Reservation will be as per Government of Rajasthan Rules. 6.
- Candidates who are working in other institutes have to submit no objection certificate from competent authority 7.
- 8. The selection will be based on merit list as per Annexure-1"
- 9. Age limit as per Raj-MES Jaipur rules.
- 10. On account of regular appointment by Government or transfer from other place by Government, the service of lowest merit candidate will be terminated
- 11. For any updates regarding number of post and any other information please visit website
- 12. Applicant will have to Enclose Demand Draft along with application form in favour of Principal & Controller Medical College Sirohi Rs. 100/- for unreserved candidate and the post Rs. 50 will be applicable for SC, ST, OBC, (Non creamy layer), MBC EWS.
- 13. Any further information regarding this advertisement will be Govt. Medical College, Sirobi website only not in other media ( https://medicaleducation.rajasthan.gov.in/MCSirohi)

Principal & Controller Date 20-10-2022

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Copy to the following for the information & neccessary action

- 1. The Secretary, Medical Education Department Jaipur.
- 2. The Director RAJMES, Jaipur.
- 3. The Add. Director (Admin) RAJMES, Jaipur.
- 4. Member of Recruitment Committee, Govt. Medical College, Sirohi
- 5. Office Copy

Principal & Controller

# GOVERNMENT. MEDICAL COLLEGE SIROHI (RAJ.) APPLICATION FORM

## NURSING OFFICER AND LAB TECHNICIAN ON PURELY URGENT TEMPORARY BASIS (UTB)

### A. PERSONAL DETAILS: Name of Candidate 1 Father's Name Passport Size 2 Date of Birth Photo 3 Age on 01-01-2023 4 Category 5 (SC/ST/OBC/GEN./EWS/OTHER) Gender 6 Tehsil 7 District 8 Address 9 (Permanent Address) Postal Address 10 Contact Number 11 E-mail 12 Photo ID Proof submitted 13 issued by Govt Authorities with details (Name of Agency , Date of Issue , Validity , Number ) Marital Status 14 Number of Children 15 Disable-Yes/No 16 (Certificate Attached)

## B. PROFESSIONAL QUALIFICATION:

| Professional Qualification         | au Darie - MillEng Deser - Conta Year a |
|------------------------------------|---|
| Name of Registration Agency /Board | lorens                                  |
| Registration No.                   |   |
| Registration Valid Upto            |   |
|                                    |   |

## C. EDUCATIONAL QUALIFICATION:

| S. No | Course/Degree                           | Year                         | University Board  | Max.      | Obtaine | Percent  |
|-------|---|------------------------------|---|-----------|---------|----------|
|       |   |                              |   | Marks     | d Mark  | age      |
| 1     | Secondary (X)                           |                              |   |           |         |          |
| 2     | Senior Secondary (XII)                  | origina<br>origina<br>my con | is true and council<br>decoments i accil<br>decoments i accil |           |         | inng tay |
| 3     | B.Sc (Nursing)/BMLT (Fill               | 1 1 1 2                      | Survey and the  | s re val  |         |          |
|       | Total of All Year)                      |                              |   | a sint th |         |          |
| 4     | GNM/DMLT (Fill soul of All<br>Year)     |                              | 5   |           |         | linddale |
| 5     | M.Sc. (Nursing)/MLT                     |                              |   |           |         |          |
| 6     | RSCIT/Recognized<br>Diploma in Computer |                              |   |           |         |          |
| 7     | Any Other Professional Qualification    |                              |   |           |         |          |

### D. Experience:

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CN

| S.NO.    | Institute Type   | Institute | Start Date | Sec. 19. 92.92-21 | 0449         |
|----------|------------------|-----------|------------|-------------------|--------------|
|          |                  | Name      | Start Date | End Date          | Total Year & |
|          |                  |           |            |                   | Months       |
| Dan      |                  |           |            |                   |              |
| D. COVIE | D-19 Experience: |           |            |                   |              |

| S.No.    | Institute Type | Institute | Start Date | 1        |              |
|----------|----------------|-----------|------------|----------|--------------|
|          |                | Name      | otart Date | End Date | Total Year & |
|          |                |           |            |          | Months       |
| F. UNDER | TAKING:        |           |            |          |              |

(i) All the information furnished by me is true and correct as per best of my knowledge and belief and I will produce all the original documents along with attested copy during my document verification, failing which my candidature at any time will be treated cancelled and I will be liable for legal action and prosecussion . I also declare that I have filled only one application form, if any duplicate form is filled by me, my candidature will be cancelled and it is further declared that I will not proceed for the legal proceedings against this advertisement..

Signature of Candidate