

NO.23-2/NS/SN-Rectt.-/2018/ 3193

Govt. of India

Directorate General of Health Services

LADY HARDINGE MEDICAL COLLEGE & SMT.S.K.HOSPITAL

NEW DELHI

Dated: 21/04/2018

NOTICE

The following waitlisted candidates have been declared the eligible and found to be medically fit by the Medical Board for Appointment to the Post of Nursing Officer [Staff Nurse] on regular basis at LHMC & SSKH:-

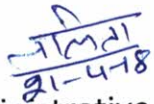
S.No	Roll.No	Rank.	Category	Name of Candidate
1.	221990	1790	ST	Jitendra Meena
2.	223681	1958	ST	Mahavir Meena
3.	204287	2140	ST	Lalrinkimi
4.	217411	2166	ST	Yadram Meena
5.	217854	2326	ST	Banothu Anil
6.	212414	2079	SC	Prathipati China Pitchi Babu
7.	200709	1731	SC	Mahendra Kumar
8.	219780	2086	SC	Ajay Kumar Khandekar
9.	210332	727	OBC	Narendra Kumar Padiyar
10.	224115	788	OBC	Akhilesh Kumar
11.	215040	793	OBC	Shishpal Singh Gurjar
12.	204815	834	OBC	Anish R
13.	217803	836	OBC	Angajala Nagasekhar
14.	220219	1675	SC	Anu
15.	200275	561	UR	Dinesh Kumar Chaturvedi
16.	216279	558	UR	Aneesh A
17.	225130	570	UR	Promod Kumar T.R
18.	226883	583	UR	Rini Ann Cherian
19.	212951	466	UR	Bimla Sharma
20.	213658	360	UR	Udaya Mohanan V
21.	206520	2242	ST	Jimmy Kamei
22.	219920	2121	SC	Manju
23.	224922	710	OBC	Kiran Kumari
24.	205875	713	OBC	Shashi Choudhary

25.	222550	733	OBC	Sunita Rani
26.	209201	794	OBC	Sinu R
27.	217503	869	OBC	Pavan Kumar
28.	207119	551	UR	Nisha K
29.	204458	434	UR	Shilpa Sharma

The above mentioned candidates may collect their Appointment letters **by hand** from the Nursing Section, Administrative Block from 23.04.18 to 27.04.18 between 11AM to 4PM. If they do not collect the Appointment Letters on the stipulated date and time, the offer of Appointment will be sent by post at their respective residential addresses.

In case the candidate is employed in anywhere, he/she is directed to bring **Relieving Order** from their respective office at the time of joining and produce the same in original to this institution.

The candidates should also bring all the original documents for Verification After the verification of documents they will be allowed to join duties on the same day.


Administrative Officer

FORM OF OATH/AFFIRMATION

I, _____
do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by Law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my Office loyally, honestly and with impartiality.

Read and Signed _____

Name _____

Date _____

ATTESTED

ADMINISTRATIVE OFFICER

To

The Administrative Officer,

LHMC & SSKH

New Delhi.

Sub:- Leave Travel Concession to Government Servant – Declaration of `Home Town`.

Sir,

In accordance with MHA O.M. 43/1/55-Estt. (A) pt. 11 dated 11.10.1956, on the above subject, I submit my `Home Town` declaration and request that _____ may be accepted as `Home Town` as the place where I would normally reside but for my absence from such station for service under Government for the following reason:-

- (1) My physical presence is required there at intervals for discharging various domestic and social obligations @ and after entry into service, I have been visiting my `Home Town` frequently.
- (2) I own/my _____ own residential property at _____.
- (3) My nearest relations are residents of that place.
- (4) Prior to my entry into Govt. service , I was living there for _____ years.

Yours faithfully,

(_____)

Dated:-

DECLARATION OF ``HOME ADDRESS`` FOR THE PURPOSE OF
TRAVEL CONCESSION DURING REGULAR LEAVE

I HEREBY RECLARE THAT , FOR THE PURPOSE OF travel Concession my permanent home address is as under :-

Shri _____ (Relationship)

Signature _____

Designation _____

DECLARATION OF MARITAL STATUS

I, Shri/Smt./Km. _____ declare as under:

- (i) That I am married/a widower/a widow.
- (ii) That I am married and have only one spouse living.
- (iii) That I have entered or contracted a marriage with a person having spouse living. Application for grant of exemption is enclosed.
- (iv) That I have entered onto and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall liable to be dismissed from service.

Signature of the Government Servant

Date:

Note: * Please Delete clauses not applicable.

LADY HARDINGE MEDICAL COLLEGE & SMT. S. K. HOSPITAL
New Delhi-110001

PERSONAL DATA

1.	Name in Full: (in Block Letter)Mr./Ms	
2.	Name of Father or Mother: (in Block Letter):	
3.	Name of Mother: (in Block Letter):	
4.	Name of the Spouse, if married(in Block Letter):	
5.	Nationality: (if not, a citizen of India, Number& Date of eligibility Certificate)	
6.	Whether a member of Scheduled Caste/ Scheduled Tribe/OBC (Specify):	
7.	Date of Birth(DD-MM-YYYY):	
8.	Education Professional & Technical Qualification:	
9.	Date of initial Appointment:	
10.	Exact height measurement in meters(without shoes):	
11.	Personal Marks of Identification:	
12.	Permanent Home Town Address:	
13.	Residential Address:	
14.	Mobile No.	
15.	e-mail ID	
16.	Permanent Address	
17.	Address for Correspondence	

Certify that the above information is correct to the best of my knowledge and belief.

Signatures.....

Name.....

Designation.....

Date (DD-MM-YYYY).....

SELF DELARATION

I hereby declared that in case character & antecedents is found not verified or any false information is given by me in self-declaration or otherwise, the provisional appointment letter will be cancelled by competent authority of LHMC & SSKH and other criminal/ legal action will also be taken against me.

Dated:-

Sign: _____

Name: _____

Designation: _____

Roll No.: _____

Rank: _____

To,

Director

LHMC & SSKH

New Delhi-110001.

Subject:- Acceptance of offer of appointment.

Sir,

With reference to appointment letter no F.No.Nur.Off./Regular/2018/ dated _____ regarding appointment to the post of Staff Nurse (Nursing Officer) on regulars basis. I Mr/Ms _____ (Roll No. _____) hereby accept the offer of appointment to the post of Staff Nurse (Nursing Officer) with immediate effect.

Thanking You

Yours Faithfully

Sign:-

Name:-

Roll No.:-

Rank:-

UNDERTAKING

I hereby declare that I will submit the Delhi Nursing Council Certificate within one month from the date of joining

Signature_____

Name_____

Rank.No._____