



DISTRICT HEALTH & FAMILY WELFARE SOCIETY
(AROGYAKERALAM) KOTTAYAM
District Hospital Building, Near TB Centre, Kottayam.
Office Phone : 0481- 2304844, Fax No: 0481- 2304844
E- Mail ID: dpmktm@gmail.com

AK(K) 179/2016

Date :29.08.2016

To,

The State Mission Director,
NHM, Trivandrum

Sir,

Sub:- Interview for the post of Staff Nurse under Palliative Care – reg
Ref: Request received from Palliative Care Office, Kottayam

An Interview for the post of Staff Nurses under Palliative Care is proposed during the month of September 2016.
I am enclosing herewith the notification regarding the Interview and request you to please take urgent steps for its publication in the arogyakeralam web site.

NOTIFICATION

Applications are invited for selection to the following post on contract under District H & FW Society, Kottayam

SI No	Details	
1	Name of Post	Staff Nurse, Palliative Care
2	Qualifications	1.Pass in GNM Course/BSc Nursing 2. Registration with Kerala Nursing Council 3. BCCPN Course for 45 days from approved Institutions
3	Salary	Rs:13900/- per month
4	Vacancy	1
5	Applications	Applications in prescribed format should be submitted not later than 09.09.2016.Date of interview will be intimated by mail.

Yours faithfully

sd/-

District Programme Manager,
NHM, Kottayam





Paste your recent
pass port size photo

Post applied for :
Name (in Block letter) :
Age , Date of Birth :
(dd-mm-yy)
Gender : Male / Female
Religion & Caste :
Name of Guardian :
Marital Status :
Languages Known :
Address(with pincode) :

Phone Number

Mail ID

Educational Qualifications

Qualification	School/ College/ University/ Institute	University/ Board	Total % Marks	Year of Passing
SSLC/10 th				
PDC/12 th				
Graduation in				
Post Graduation in				

Any other degree (Mention in detailed)				
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Work Experience

Period (From - To)	Organisation	Designation	Job Responsibilities

DECLARATION

I am hereby declared that the above mentioned details are true and correct to the best of my knowledge.

Date:

Name :

Signature:

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OFFICE USE

Certified Verified

: YES/NO

Qualification Adequate

: YES/NO

Reason for Rejection

:

Date:

Signature of verification officer