

केन्द्रीय उच्च तिब्बती शिक्षा संस्थान ५.तुरू र्ने. यो जाई माल्यमा क्रिन महिन मिन्। Central Institute of Higher Tibetan Studies Deemed to be University Sarnath, Varnasi 221007

Advt.No. CIHTS/Adm./Rectt./05/2024

Dated: 11.01.2024

NOTICE

WALK-IN-SELECTION FOR ONE NURSE CENTRAL INSTITUTE OF HIGHER TIBETAN STUDIES (DEEMED UNIVERSITY), SARNATH, VARANASI (U.P.).

Walk-in-Selection is scheduled to be held on <u>06.02.2024</u> at <u>11:30 AM</u> in the Office of the Hon'ble Vice Chancellor to engage one Nurse in the allopathic health centre of the institute.

Nature of Job:

The Nurse shall work under the guidance and supervision of the Medical Officer/HoD, Sowa Rigpa or any other related In-charge and broadly perform the following duties as assigned to him from time to time.

- i) The Nurse shall perform necessary formalities of admission and discharge of patient in hospital and keeping their records.
- ii) He/she shall be responsible for first aid, administration of medicine & injections to the patients.
- iii) He/she shall follow the technical procedures e.g. enema, Catheterization, Oxygen therapy, Sowa-Rigpa therapy as advised under Menpa's supervision etc.
- iv) He/she shall be responsible for collecting, labelling and dispatching of Pathological Specimens.
- v) He/she shall supervise the distribution of diets, milk etc. and maintaing diet charts.
- vii) To assist the medical officer in handling patients.
- x) Any other duty/ies as and when assigned by the Competent Authority from time to time.

Age Limit: 18-35 Years

Essential Qualification:

- 1. 10+2 (Biology) and GNM (General Nursing & Midwifery) OR B.Sc. (Nursing) from any recognized institute approved by Nursing Council of State/Government of India with 2 years' of relevant experience.
- 2. Knowledge of Tibetan language.
- 3. Preference will be given to the female candidates.

Salary: Rs. 24,820/- per month (fixed)

Selection Procedure: The selections shall be based on screening cum skill test and fulfilment of the advertised eligibility conditions.

Interested candidates may appear for walk-in-selection with filled in prescribed application form enclosed herewith and photocopies of testimonials on aforesaid date and time.

NOTE: Candidates are required to bring one set of self-attested photocopies along with the original certificate of eligibility at the time of screening cum skill test.

(Dr. Sunita Chandra) Registrar



APPLICATION FORM

| Advt. No.: CIHTS/Acad./Rectt./05/2024 | | Affix here a | |
|--|----------------------------|----------------------|--|
| Position: NURSE | | latest Passport size | |
| Department: Health Centre, Padmsambhav Hostle, CIHTS | | Photograph | |
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| | | signacross | |
| I. GENERAL INFORMATION: | | | |
| 1. Full Name in block letters Mr./Ms | | | |
| 2. Date of Birth | In Words | | |
| 3. Sex: Male/Female/Others | 4. Father's/Husband's Name | | |

| | | Pin Code | |
|----------------------|---------------------|--|--|
| Tel. No | Mobile No | E-mail | |
| 6. Permanent Address | | | |
| | | | |
| | | Pin Code | |
| 7. Marital Status | | 8. Nationality | |
| 9. State of Domicile | 10. Category Gen/S0 | C/ST/OBC/PwD/EWS | |
| | If belonging to | SC/ST/OBC/PwD/EWS (attach certificate) | |

11. Languages known:

12. Names, Addresses, and contact phone numbers of two Referees:

| (i) | (ii) |
|-----|------|
| | |
| | |

II. EDUCATIONAL QUALIFICATIONS:

| Examination/Degree | Subject(s) | Percentage of Marks/Final Grade | Name of College/Institution/ University & Board | Year |
|--------------------|------------|---------------------------------------|--|------|
| High School | | | | |
| 10+2 | | | | |
| GNM | | | | |
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III. WORKING EXPERIENCE: years

IV.DETAIL OF EMPLOYMENT: (in chronological order starting with the most recent)

| | Period | | Nature of Duties | Salary |
|-------------|--------|------|------------------|---------|
| Designation | From | То | | |
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| | | From | From To | From To |

FORWARDING LETTER FROM PRESENT EMPLOYER OF THE APPLICANT (If applicable)

| Forwarded with the remarks that Shri/Ms | | | is working in |
|--|--|----------------------------|---------------|
| this organization in the capacity as | from | to | and the |
| institution/organization has no objection to the o | candidature of the applicant being conside | red for the post applied f | or as above. |

Place: -----Date: ----- Signature of Head of Institution: Name: Designation: Address: (Rubber Stamp)

DECLARATION

I hereby declare that the information given by me in the Application are true, complete and correct to the best of my knowledge and belief that nothing has been concealed or distorted thereof. If at any stage, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Full Name: _____

Date:

Place: _____

(Signature of Applicant)