

भारतसरकार / GOVT. OF INDIA

लक्षद्वीपप्रशासन / LAKSHADWEEP ADMINISTRATION

श्रमरोजगारऔरप्रशिक्षणविभाग

Department of Labour, Employment & Training कावरत्तीद्वीप / Kavaratti Island – 682555

F.No.6/8/2019-EEL

Dated: 12-12-2019

EMPLOYMENT NOTICE

Applications are invited from qualified candidates for selection to the under mentioned post in Airport Agatti.

- 1. Name of Post: Nursing Officer (on Contract Basis)
- 2. Salary: Rs. 21000/- (Consolidated)
- Age limit: 21-35 years (As on 31st December-2019) (Relaxable for SC/ST/OBC/PH/Ex-serviceman as per rules)
- 4. Qualifications: **I.** (i) B.Sc. (Hons.) Nursing/ B.Sc. Nursing from an Indian Nursing Council recognized Institute/ University;

OR

- B.Sc. (Post Certificate)/ Post B.Sc. Nursing from an Indian Nursing Council recognized Institute/ University;
- (ii) Registered as Nurses & Midwife in State/ Indian Nursing Council.

OR

- II. (i) Diploma in General Nursing Midwifery from an Indian Nursing Council recognized Institute/ Board or Council;
 - (ii) Registered as Nurses & Midwife in State/ Indian Nursing Council.
 - (iii) Two years experience in minimum 50 bedded Hospital after acquiring educational qualification mentioned above.
- **III.** Appropriate knowledge of Computer application will be preferred.
- 5. Last Date for receipt of applications: 19.12.2019
- 6. Details of Notification and Application Forms are available at Dept. of Labour, Employment and Training, Kavaratti and Lakshadweep Official Web site.
- 7. Duly filled Application forms are directly submitted to Directorate of Labour, Employment and Training, Kavaratti on or before 19.12.2019.

(Rakesh Singhal, DANICS)

Director (Labour, Employment & Training)



Advertisement No.

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ANNEXURE I

Application for the post of Nursing Officer in Agatti Airport

Post Applied for Project title		: Engagement of Personnel for Breath Analyzer Examination at Agatti Airport. (Purely temporary on contract basis) : Breath Analyzer Examination at Agatti Airport.		Affix self- attested recent passport size photograph here.	
	Name in full (in Blo Father's/Husband's Permanent Address Phone, fax, e-mail				
4.	Address for corresp	ondence:			
5.	(a) Date of Birth: (Attested copy of	Date: Mon			
6.	(b) Age as on 31.12 Whether SC/ST/OE (If SC/ST/OBC, doc		Months e furnished)	Days	
7.	Nationality:				

विमानपत्तन निदेशक कार्यालय, भारतीय विमानपत्तन प्राधिकरण, अगाती हवाईअङ्डा, अगाती-682553 O/o AIRPORT DIRECTOR, AIRPORTS AUTHORITY OF INDIA, AGATTI AIRPORT, AGATTI -682553 टेलीफोन/Tel: 04894-242615, फैक्स/Fax: 04894-242560, मो/Mb: 09447974950, ई- मेल: apd-agatti@aai.aero



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8. (a) Educational Qualifications in chronological order beginning from SSC(10th Onwards):

Name of the Examination Passed	Year of Passing	Name of the Board/University	Sub studied	Division/% of marks obtained
			-	
(b) Professional/Technical	Ovalifications			

(b) Professional/Te	chnical Qualif	ications:			
Name of the Examination Passed	Year of Passing	Details of Course	Board / University	Subject Studied	Division/% of marks obtained

(A brief write-up to be given at the end indicating the relevance of past experience to the

Post applied for)

9. Work Experience in chronological order, starting with the first job:-

Name & address of Employer	Period of s From	To	Designation of post & scale of pay	Total length of service	Nature of work & level of responsibilities



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- 10. Whether presently in any job. If yes then job is in Govt./PSU/Autonomous Institutions/Private:
- 11. Whether permanent/temporary/ad-hoc in the present job:
- 12. Any other information relevant:

13.

Declaration & Certificate

I hereby declare and certify that all the statements made in this application are true and correct to the best of my knowledge and belief. If any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage during or after selection process. Further, I understand that this position is purely temporary on contract basis, if it is found after my appointment at the Centre that the particulars furnished by me are incorrect or suppressed, my services are liable to be terminated without any notice.

Place	Signature of the Candidate
Date	Name
Note:	
Enclose self-attested copies of A	ge, Caste, Educational and Experience Certificates.

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