

# **NOTICE**

## **PROFICIENCY TRAINING PROGRAMME FOR QUALIFIED NURSES**

### **WALK IN INTERVIEW**

#### **CRITERIA:**

- 1<sup>st</sup> Preference will be given to Student of School of Nursing, Bokaro General Hospital.
- Upper Age Limit : General candidates – 30 Yrs on 31<sup>st</sup> March 2022  
ST & SC Candidates – 35 Yrs on 31<sup>st</sup> March 2022
- Duration of Training : 12 Months. Subsequent Extension Subject to Vacancy.
- Minimum Qualification: **Passed BSc Nursing/ Diploma in General Nursing & Mid-Wifery Course from Recognised Nursing Institutes in India**
- Stipend : Maximum Consolidated Rs. 15, 020/ ) per Month (Rupees Fifteen Thousand twenty only) on attendance basis only.
- Accommodation : Subject to availability
- Undertaking : on Judicial Stamp paper, to serve BGH strictly as a Trainee & will not claim for Employment at BGH or SAIL BSL on this ground.
- On completion “Certificate of Proficiency” will be issued to the successful candidates.

Application can be down loaded from our web site [www.sail.co.in](http://www.sail.co.in) or can be copied from our Notice Board (School of Nursing or Administrative Block, BGH).

#### **SCHEDULE:--**

- Date of Interview : 06.06.2022
- Place of interview : ADM Block BGH
- Contact person : Addl. CMO I/c (M/A)
- Reporting Time : 9.00 AM on 06.06.2022, Conference Hall Ground Floor for Verification of documents.

#### **NOTE:**

- Please bring all Original documents and a set of photocopy of the same duly self attested along with 2 (Two) recent photographs
- Selected trainees shall be governed by Relevant Rules of the scheme & general rules of the organization.

(Dr. Varsha Ghanekar)  
Addl. CMO I/c (M/A)



सेल SAIL  
BOKARO STEEL PLANT  
BOKARO GENERAL HOSPITAL

PHOTOGRAPH

**PERSONAL DATA FORM (FOR TRAINEE NURSES)**

**(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)**

SN	DETAILS	
01.	NAME	AGE
02.	FATHER'S NAME	
03.	MOTHER'S NAME	
04.	HUSBAND'S NAME	
05.	DATE OF BIRTH	
06.	PRESENT ADDRESS	
07.	PERMANENT ADDRESS	
08.	MARITAL STATUS	
09.	NATIONALITY	
10.	RELIGION	
11.	CATEGORY (PLEASE TICK)	GEN./ SC/ ST/ OBC
12.	MOBILE/ CONTACT NO.	E-MAIL ADDRESS:



**BOKARO STEEL PLANT**

**BOKARO GENERAL HOSPITAL**

**PERSONAL DATA FORM (FOR TRAINEE NURSES)**

13.	ACADEMIC QUALIFICATION	BOARD/ UNIV.	YEAR OF PASSING	SUBJECTS	PERCENTAGE
	10+2/ I.Sc.				
	OTHERS				

14.	BSc Nursing/ G.N.M. COURSE	SCHOOL/ COLLEGE/UNIVERSITY	MARKS OBTAINED/ PERCENTAGE	NO. OF ATTEMPTS
	1 <sup>ST</sup> YEAR			
	2 <sup>ND</sup> YEAR			
	3 <sup>RD</sup> YEAR			

15.	WHETHER HAVING ANY WORK EXPERIENCE (IN OTHER HOSPITALS)	YES / NO (PLEASE TICK)
	IF YES PROVIDE DETAILS:	

**(SIGNATURE)**

**STEEL AUTHORITY OF INDIA LTD.**

(A Government of India Enterprise)

MEDICAL DEPARTMENT

BOKARO STEEL PLANT

**WALK-IN INTERVIEW FOR SELECTION  
PROFICIENCY TRAINING PROGRAMME FOR QUALIFIED NURSES**

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<b>QUALIFICATION</b>	<b>CONSOLIDATED STIPEND RATE (Rs.)</b>	<b>Upper Age Limit as on 31.03.2022</b>	<b>NO. OF SEATS</b>	<b>PERIOD of TRAINING</b>
<b><u>Passed BSc Nursing/ Diploma in General Nursing &amp; Mid-Wifery Course from Recognised Nursing Institutes in India</u></b> (1 <sup>st</sup> Preference will be given to Student of School of Nursing, Bokaro General Hospital)	Maximum Consolidated Rs. 15,020/ ) per Month (Rupees Fifteen Thousand twenty only) on attendance basis only.	<b>Gen: 30 yrs SC/ST/: 35 yrs</b>	<b>34</b>	<b>12 Months.</b> (Subsequent Extension Subject to Vacancy).

**Candidates fulfilling the above specification may appear for interview on the scheduled date along with all supporting certificates/documents in original and self attested true copy of the same:**

Application/Eligibility criteria & other details can be viewed/down loaded from our web site [www.sail.co.in](http://www.sail.co.in) or can be copied from our Notice Board (School of Nursing or Administrative Block, BGH).

**FORMAT OF AFFIDAVIT**

(To be duly executed on Judicial Stamp Paper of Rs. 20/- (Rupees Twenty only))

I.....Son/Daughter/Wife of..... a permanent resident of  
..... and presently residing  
at..... do hereby undertake and declare as follows: -

1. That I shall abide by the terms & conditions of the letter of permission (No.)..... granted to me for undergoing proficiency development training as Proficiency Trainee Nurse for the period as prescribed by SAIL, Bokaro Steel Plant, Medical Department.
2. That during the period of training I shall attend to such activities as are expected of me with due diligence and care and follow all instructions of the concerned authorities in this regard.
3. That I appreciate that on completion of the period of vocational training and any extended period thereof I shall receive a certificate of experience which would be beneficial for availing employment opportunities in the job market.
4. That I declare that I shall have no legal claim for employment with SAIL, Bokaro Steel Plant merely on completion of this training.
5. That I shall have no claim for facilities etc. which are not extended to such trainees. In this regard the terms & conditions of the letter of permission No..... are conclusive and binding on me.

Signature:

Name:

Address: