



Annexure-A

**STEEL AUTHORITY OF INDIA LIMITED  
DURGAPUR STEEL PLANT**

**APPLICATION FORMAT FOR PROFICIENCY TRAINING OF NURSES in DSP – 2022**

**Instruction:**

1. Leave one space blank in between two words.
2. All columns should be filled only in English and block letters only.
3. Tick (✓) mark in the appropriate columns wherever applicable.
4. Write N.A. wherever not applicable

Paste your recent passport size identifiable colour photograph

1	Full name of the candidate																											

2	Father's full name																											

3	Mother's full name																											

4	Spouse's full name																											

5	Date of Birth																												
	In figure																												
	In words																												
Name of Supporting document																													

6	Gender	Male	Female	7	Marital Status	Married	Unmarried	Divorcee	Widow	Widower

8	Nationality		9	Religion	
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10	Caste/Category (✓ mark)	Gen		SC		ST		OBC-NCL		EWS	
Certificate Issuing Authority (if applicable)											

11	Identity Certificate Nos.:																									
	Aadhar																									
	PAN																									

12	Present Address																												
	P.O.																												
	State																												

13	Permanent Address																												
	P.O.																												
	State																												

(Full signature of the applicant)

14	Mob																				WhatsApp																		
	E-mail																																						

15	Educational Qualification:																			
Examination Name		Board / University								Passing Yr		% age		Major subjects						

16	Professional Qualification: (*) Aggregate of all years/semesters																			
Qualification		Board /University				Passing Yr	Name of the Nursing College				Total marks & acquired marks (*)		Class/ Division & %age (*)							
Diploma GNM Course																				
B.Sc. (Nursing)																				

(\*) – mandatory field to be filled-up by the candidate

17	State Nursing Council Registration Number and State:																			
State																				

18	Working experience, if any:																			
Name & address of employer								Designation				Period								
												From				To				

19	Details of internship period (if applicable):																			
Name & address of employer								Designation				Period								
												From				To				

20	Enclosures: [Self-attested copies of the following and put Tick (√) mark against the enclosed one]																			
(i)	Recent identifiable passport size colour photograph (4 copies)																			
(ii)	Self-attested copy in support of proof of Date of Birth (Matriculation certificate/ Birth registration certificate)																			
(iii)	Valid caste/category certificate for SC / ST/ OBC-NCL/EWS candidates as on date of interview																			
(iv)	Self-attested copy of Aadhar Card																			
(v)	Self-attested copy of PAN Card																			
(vi)	Self-attested Pass Certificate(s) & Marksheets copies for educational qualification (all years/ semesters).																			
(vii)	Self-attested Pass Certificate(s) & Marksheets (all years) copies for professional qualification.																			
(VIII)	Self-attested experience certificate(s) copy(ies) , if any																			
(ix)	Self-attested State Nursing Council Registration certificate copy																			
(x)	Self-attested Internship Certificate (if applicable)																			
(xi)	Undertaking ((Annexure-B) by the candidate																			

21	<b>Declaration of the applicant</b>																			
<p>I agree to all the terms and conditions given in the aforesaid advertisement and affirm that all the information given by me in this application form and its enclosures are true and correct to the best of my knowledge &amp; belief. In case of any declaration/information and documents attached herewith are found to be false/forged/fabricated and if I am unable to produce / submit relevant documents, my candidature may be cancelled at any stage of the selection process. In the event of submission of the wrong statement / information / documents and / or impersonation is / are detected afterwards, then my engagement is liable to be terminated without notice.</p>																				
Date:										(Full signature of the applicant)										
										Name:										

**Letter of Undertaking**

**To**  
**The ED (M&HS)**  
**Durgapur Steel Plant**

Dear Sir,

In response to the advertisement vide No: DSP/PERS-NW/RECTT/PTN\_2022\_2/2022/1947(D) dated 27-07-2022, I, Ms./Mr. -----, daughter /son of Shri/Smt. -----

-----, resident of -----

-----, do hereby submit my application for 'Proficiency Training' in Durgapur Steel Plant (DSP) Hospital, M&HS department.

1. I do hereby undertake that -
  - a. I am willing to pursue the 'Proficiency Training' programme in DSP hospital, M&HS department for which the selection will be done on the basis of my performance in the interview. The duration of the training is 18 months.
  - b. I agree to accept monthly stipend of Rs.8000/- and admissible allowances at the stipulated rates mentioned in the advertisement, which shall be made from the date of my admittance as 'Proficiency Trainee'.
  - c. I shall submit the "Certificate of Registration" issued by the State Nursing Council within three months from the date of my admittance as 'Proficiency Trainee'. Till such time, my admittance will be on provisional basis.
  - d. I shall have no claim for issuance of "Certificate of Proficiency" if I am admitted on 'Provisional' basis & I fail to submit my "Certificate of Registration" issued by the State Nursing Council and also in case of failure to complete entire duration of the training.
  - e. My selection for the 'Proficiency Training' does not entitle me to any claim for employment in DSP in any post, whatsoever.**
  - f. I shall attend the interview at schedule date & time at my own cost.
2. In respect of all matters for which no specific provision has been made herein, the decision of the DSP authority in respect of the concerned matter will be final and binding.
3. Any violation of rules and discipline or any activity causing disruption to the hospital/department working or bringing disrepute to the hospital/department shall be punishable or shall result in termination of my training.
4. DSP reserves the sole authority to accept OR reject my application for 'Proficiency Training' in DSP Hospital and the decision of DSP in this regard is final and binding.
5. Candidature of an applicant is liable to be rejected/terminated at any stage of the selection process or after selection or admittance on the following grounds:
  - a. if any information provided by the candidate is found to be false **OR**
  - b. if information not in conformity with requisite eligibility criteria mentioned in the advertisement **OR**
  - c. found impersonation during selection process including interview

This may also invite legal action as deemed fit.

I have read and understood the above terms & conditions governing the 'Proficiency Training' at DSP Hospital, M&HS department and agree to abide by them.

Yours faithfully,

Signature

Date:  
Place:

Name \_\_\_\_\_