

STEEL AUTHORITY OF INDIA LIMITED ( A Govt. of India Enterprise )

DURGAPUR STEEL PLANT, DURGAPUR - 713203, WEST BENGAL

Adv.No. DSP/PERS-NW/RECTT/PTN\_2022\_2/2022/1947(D)

Date:27.07.2022

# Proficiency Training of Nurses at DSP Hospital

Durgapur Steel Plant (DSP), a unit of Steel Authority of India Limited (SAIL), a Maharatna Company, invites applications from interested and eligible qualified nurses to undertake the "Proficiency Training" in 600 bedded multi-speciality DSP hospital under M&HS department.

## I. No. of Proficiency Trainees : 56

II. UPPER AGE LIMIT (VALID AS ON DATE OF WALK-IN INTERVIEW) : 30 years Relaxation in Upper age limit by 3 years for Other Backward Class (Non-Creamy Layer)-OBC-NCL and 5 years for SC & ST candidates.

## III. QUALIFICATION (VALID AS ON DATE OF WALK-IN INTERVIEW) :

- a) Pass in B.Sc. (Nursing) / Diploma in General Nursing & Midwifery
- b) Internship Certificate (if applicable)
- c) Certificate of Registration

# IV. DEPARTMENTS/ DISCIPLINES:

ICU/NICU/BICU, Medicine, Surgery, Obs & Gyn, Paediatrics, Casualty, Orthopaedics, COVID, Chest & other associated areas.

#### V. DURATION :

18 (eighteen) months.

## VI. DAILY WORKING HOURS:

8 hrs shift - One day off per week.

# VII. <u>STIPEND</u>:

#### Stipend per month Rs.8000/- plus

Knowledge Enhancement Allowance (Max upto **Rs.7020/-**linked to attendance as under)

| Monthly Attendance | Allowance Rate<br>(Total allowance payable = Rate * No. of available working days in a month) |
|--------------------|---|
| 20 days or more    | Rs.260/- per working day  |
| 15-19 days         | Rs.130/- per working day  |
| Less than 15 days  | Nil   |

#### VIII. ACCOMMODATION:

Shared accommodation subject to availability.

### IX. MEDICAL FACILITY:

For self at DSP Hospital only during training.

### X. <u>LEAVE:</u>

15 days Special Leave (Maximum 10 days leave may be granted in one spell) during the tenure.

#### XI. PROCEDURE:

- (a) Candidates have to appear for walk-in interview as per the schedule mentioned below with filled-in & signed application in prescribed format (<u>Annexure-A</u>) and Letter of Undertaking (<u>Annexure-B</u>) with documents/testimonials as per instruction &/or eligibility.
- (b) Selection for 'Proficiency Training' will be done by judging their performance through interview only.
- (c) All certificate/ documents in support of eligibility will be verified with the original during interview & joining and if any candidate fails to produce the same, he/she will not be allowed to appear for interview/join and their candidature will be cancelled. Therefore, candidates are requested to ensure their eligibility and validity of the certificate/documents on date of interview before applying and appearing for the interview.
- (d) If the selected candidates are not in possession of the "Certificate of Registration" at the time of joining, they will have to deposit the same within three months from the date of their engagement as proficiency trainee nurses. Till such time, the engagement of the proficiency trainee nurses will be Provisional.

- (e) 'Proficiency Training' will start immediately after the selection of the candidates is completed and are issued offer of engagement as "Proficiency Trainee Nurse".
- (f) On completion of training in DSP for 18 months, a 'Certificate of Proficiency' will be issued by M&HS department to the successful candidates based on their satisfactory performance. The certificate will not be issued in cases of provisional engagement as mentioned at (XI)(d) above or in case of failure to complete entire duration of the training.

### XII. <u>HOW TO APPLY:</u>

Eligible & interested candidates are required to appear for walk-in interview as per the schedule. They may also send their application in the prescribed format (<u>Annexure-A</u>) to the email id: rectt.dsp@sail.in within **29.08.2022 (Monday)**. **Candidates are advised to check their mail & SAIL website frequently, as further communication with the candidates, if required, will be made through email/website**.

#### XIII. GENERAL CONDITIONS:

- (1) Candidate must be an Indian national possessing requisite qualification from an Institute recognized by State Govt. / Central Govt.
- (2) The minimum age of engagement as "Proficiency Trainee Nurse" is 18 years.
- (3) All certificates/documents in respect of eligibility criteria viz. requisite educational & professional qualification, experience, caste/category, proof of date of birth etc. are to be valid on the date of walk-in interview. <u>OBC-NCL (Non Creamy Layer)</u> certificate and <u>Income & Asset Certificate for EWS</u> category should be valid for the Financial Year 2022-23.
- (4) Candidates will have to attend the interview at schedule date & time at their own cost.
- (5) The engagement is purely for the purpose of "Proficiency Training' and will not entitle the trainee to stake a claim for appointment in Durgapur Steel Plant in any manner whatsoever.
- (6) During the training period of 18 months, the trainees will be paid monthly stipend of Rs.8000/and applicable Knowledge Enhancement Allowance linked to monthly attendance from the date of their admittance as detailed in point VII.
- (7) DSP reserves the sole authority/ prerogative in the matter of admittance of "Proficiency Training" of nurses as per its rules and decision of DSP in this regard shall be firm & binding.
- (8) DSP reserves the right to reject **OR** cancel the candidature **OR** the entire process including interview or admit less than the no. of Proficiency Trainees indicated above, without assigning any reason thereof and no enquiry or correspondence will be entertained in this regard.
- (9) Bringing influence at any stage of the selection process will disqualify the candidature.
- (10) Candidature of an applicant is liable to be rejected/terminated at any stage of the selection process or after selection or admittance if,

any information provided by the candidate is found to be false

OR found not to be in conformity with requisite eligibility criteria mentioned in the advertisement

OR

Impersonation during selection process including interview.

This may also invite legal action as deemed fit.

- (11) The advertised numbers of Proficiency Trainee to be taken is tentative. Durgapur Steel Plant reserves the right to fill or not to fill all or any of the Proficiency Trainee without assigning any reason whatsoever. Durgapur Steel Plant is not liable to compensate the applicant for the consequential damages, if any, arising out of the aforesaid.
- (12) Court of jurisdiction for any dispute will be at **Durgapur, West Bengal**.

#### XIV. Schedule of interview:

| City       | Date        | Time for          | Venue & contact person           |  |  |  |  |  |
|------------|-------------|-------------------|----------------------------------|--|--|--|--|--|
|            |             | Walk-in-Interview |                                  |  |  |  |  |  |
| Durrenenur | 30.08.2022  | 40.00 AM          | Venue- DSP Main Hospital,        |  |  |  |  |  |
| Durgapur   | (Tuesday)   | 10:00 AM          | J.M. Sengupta Road, B-Zone       |  |  |  |  |  |
|            | &           | to                | Durgapur-713205                  |  |  |  |  |  |
|            | 31.08.2022  |                   | Contact Person – Mr. S Chowdhury |  |  |  |  |  |
|            |             | 3:00 PM           | Sr. Manager (Pers - M&HS)        |  |  |  |  |  |
|            | (Wednesday) |                   | Contact no 0343-2746225          |  |  |  |  |  |

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 ( $\sqrt{}$ ) mark in the appropriate columns wherever applicable.
- 4. Write N.A. wherever not applicable

Paste your recent passport size identifiable colour photograph

| 1      | Full nam      | e of the ca   | ndidate   |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|--------|---------------|---------------|-----------|---------|-----|--------|----|------|------|--------|--------|-------|-------|-----|---|-------|-----|-----|------|----|
|        |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | Fathar's f    |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 2      | Father's f    |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      | L  |
| 3      | Mother's      | full name     |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 3      |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | Snouse's      | full name     |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 4      |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        |               |               |           | · · ·   |     |        | 1  |      |      |        |        |       |       |     |   |       |     | 1   |      |    |
|        | Date of B     | irth          | D         |         | D   |        |    | М    |      | М      |        | Y     |       |     | Y |       | Y   |     | Y    |    |
| In fig |               |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | ords          |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| Nan    | ne of Suppo   | orting docun  | nent      |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        |               | Male Fer      | nale      |         | N   | larita | al | Mari | ried | Unn    | narrie | d     | Divor | cee | , | Widov | v   | Wic | lowe | er |
| 6      | Gender        |               |           | 7       | S   | Status | 5  |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 8      | Nationa       | lity          |           |         |     |        |    | 9    |      | eligio | n      |       |       |     |   |       |     |     |      |    |
| 0      | Nationa       | unty          |           |         |     |        |    | 3    |      | engio  |        |       |       |     |   |       |     |     |      |    |
| 10     |               | ategory (√ ı  |           |         | Gen |        | S  | С    |      | ST     |        | OE    | BC-N  | CL  |   |       | EWS | 5   |      |    |
| Cert   | tificate Issu | ing Authorit  | y (if app | licable | e)  |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | Identity C    | ertificate No | os.:      |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 11     | Aadhar        |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | PAN           |               |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
|        | Descent       | A .   .       |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 12     | Present       | Address       |           |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 12     | P.O.          |               |           |         | I   | P.S.   |    |      |      |        |        | Dist  | rict  |     |   |       |     |     |      |    |
|        | State         |               |           |         |     |        |    |      |      | P      | 'in co | de    |       |     |   |       |     |     |      |    |
|        | Perman        | ent Addres    | e         |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 12     |               |               | 3         |         |     |        |    |      |      |        |        |       |       |     |   |       |     |     |      |    |
| 13     | P.O.          |               |           |         | I   | P.S.   |    |      |      |        |        | Distr | ict   |     |   |       |     |     |      |    |
|        | State         |               |           |         |     |        |    |      |      |        | in co  |       |       |     |   | 1     | 1   |     |      |    |

(Full signature of the applicant)

| 14 | Mob    |  |  |  |  |  | WhatsApp |  |  |  |  |  |
|----|--------|--|--|--|--|--|----------|--|--|--|--|--|
| 14 | E-mail |  |  |  |  |  |          |  |  |  |  |  |

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

| 16 Professional Qua        | Professional Qualification: (*) Aggregate of all years/semesters |               |                                |  |                                  |  |  |  |  |  |  |
|----------------------------|--|---------------|--------------------------------|--|----------------------------------|--|--|--|--|--|--|
| Qualification              | Board /University  | Passing<br>Yr | Name of the Nursing<br>College | Total marks<br>& acquired<br>marks (*) | Class/<br>Division &<br>%age (*) |  |  |  |  |  |  |
| Diploma GNM Course         |  |               |                                |  |                                  |  |  |  |  |  |  |
| B.Sc. (Nursing)            |  |               |                                |  |                                  |  |  |  |  |  |  |
| (*) - mandatory field to h | e filled-up by the candidate                                     |               |                                |  |                                  |  |  |  |  |  |  |

| 17 | State | ate Nursing Council Registration Number and State: |  |  |  |  |  |  |  |  |  |  |  |  |
|----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    | State |  |  |  |  |  |  |  |  |  |  |  |  |  |

| 18 Working experience, if any: |                            |             |      |     |  |  |  |  |
|--------------------------------|----------------------------|-------------|------|-----|--|--|--|--|
|                                | Name & address of employer | Designation | Per  | iod |  |  |  |  |
|                                | Name & address of employer | Designation | From | То  |  |  |  |  |
|                                |                            |             |      |     |  |  |  |  |

| <b>19</b> Details of internship period (if applicable): |                            |             |      |    |  |  |  |
|---|----------------------------|-------------|------|----|--|--|--|
|   | Name & address of employer | Designation | Peri | od |  |  |  |
|   | Name & address of employer | Designation | From | То |  |  |  |
|   |                            |             |      |    |  |  |  |
|   |                            |             |      |    |  |  |  |

| 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

#### **Declaration of the applicant**

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 & 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.

Date:

(Full signature of the applicant) Name:

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

Dear Sir,

| In response to the advertisement vide No: DSP/PERS-NW/RECTT/PTN_2022_2/2022/194 | 47(D) | dated | 27-07- |
|---|-------|-------|--------|
| 2022, I, Ms./Mr, daughter /son of Shri/Smt.                                     |       |       |        |
| , resident of   |       |       |        |
| , (   | do h  | ereby | 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.
  - 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 \_\_\_\_