Annexure-A

STEEL AUTHORITY OF INDIA LIMITED
DURGAPUR STEEL PLANT

APPLICATION FORMAT FOR PROFICIENCY TRAINING OF NURSES ☐ PHARMACISTS ☐

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	D	D	M	M	Y	Y	Y	Y
In figure									
In words									
Name of Supporting document									

6	Gender	Male	Female

7	Marital Status	Married	Unmarried	Divorcee	Widow	Widower

8	Nationality		9	Religion	

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.		P.S.		District	
	State			Pin code		

13	Permanent Address					
	P.O.		P.S.		District	
	State			Pin code		

(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 Year	Name of the College	Total marks & acquired marks (*)	Class/ Division & %age (*)

(*) Mandatory field to be filled-up by the candidate

17	Registration Number of State Council (Nursing/ Pharmacy)÷														
	State														

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

19	Details of internship period:		
Name & address of employer	Designation	Period	
		From	To

20	Enclosures: [Enclose 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	
(iii)	Caste/category/community valid certificate for SC / ST/ OBC-NCL/EWS candidates (if applicable)	
(iv)	Self-attested copy of Aadhar Card	
(v)	Self-attested copy of PAN Card	
(vi)	Self-attested Pass Certificate(s) & Marksheets for educational qualification (all years/ semesters).	
(vii)	Self-attested Pass Certificate(s) & Marksheets (all years) for professional qualification.	
(VIII)	Self-attested experience certificate(s) , if available	
(ix)	Self-attested State Council (Nursing/ Pharmacy) Registration certificate (if applicable)	
(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:

Annexure-B

Letter of Undertaking

To
The CMO I/c (M&HS)
Durgapur Steel Plant

Dear Sir,

In response to the advertisement No: _____dated _____. 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 payment of stipend amount of Rs.10000/- 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 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 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:
   i. if any information provided by the candidate is found to be false **OR**
   ii. if information is not in conformity with requisite eligibility criteria mentioned in the advertisement **OR**
   iii. 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 _____