



**NORTH EAST REGIONAL INSTITUTE OF EDUCATION  
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING  
UMIAM: 793103**

F.14-55/2017-NERIE/NDS/1741

**Dated: 29/8/2017**

**WALK-IN-INTERVIEW**

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A walk-in-interview for engagement of 1 Staff Nurse purely on Contractual Basis initially for the period of 6 months (further extendable) will be held in the Principal's Chamber on 12/9/2017 from 11.00 a.m. onwards as per detailed below:

Sl. No	Name of the Post	No. of post	Qualification	Remuneration (Per day)
1.	Staff Nurse	01	<b>Essential Qualification:</b> Degree/Diploma in Nursing from Recognized Institute <b>Experience :</b> 02 years in a Government/ Recognized Hospitals/Dispensaries	Rs. 750/-

Candidates who fulfill the above eligibility conditions may attend the walk-in-interview with their bio-data in the following format with a recent passport size photograph and original testimonials, proof of age and produce a set of self attested copies of testimonials for scrutiny strictly one hour before the commencement of the walk-in-interview.

**Important Instructions:**

1. Bio-data/Application form only in the prescribed format is to be submitted on the date of the Interview.
2. If selected, candidates have to stay compulsory in the campus on a minimum payment basis.
3. No TA/DA, Local Conveyance etc. will be paid for attending the interview.
4. Merely fulfilling the minimum eligibility conditions does not constitute a claim for selection.
5. Institute reserves the right to cancel/postpone the recruitment process at its discretion.
6. Offer of appointment will be sent through E-mail only.
7. Application without E-Mail ID, Signature will be summarily REJECTED.

**Sd/-  
PRINCIPAL**

**APPLICATION FORM**

Affix your  
recent  
Passport  
size Photo

1. Name of the post applied for \_\_\_\_\_
2. Name of the applicant (in Capital) \_\_\_\_\_
3. Father's/Husband Name \_\_\_\_\_
4. Full Address \_\_\_\_\_
5. Telephone No. \_\_\_\_\_ Residential No. \_\_\_\_\_ Mobile.No \_\_\_\_\_  
E-mail Address \_\_\_\_\_

6. Category (SC/ST/OBC) \_\_\_\_\_  
(In case yes, enclose a copy of the certificate)

7. Date of Birth: \_\_\_\_\_  
Age as on 1.07.2016 \_\_\_\_\_ Years \_\_\_\_\_ months \_\_\_\_\_ days

**8. Educational Qualification:-**

Sl.No.	Exam passed	Board/University/Institution	Year of Passing	Percentage	Remarks

**9. Professional Qualification:-**

Sl. No.	Exam Passed	Board/University/Institution	Year of Passing	Percentage	Remarks

**10. Experience (in years),if any:**

Date: .....

Place: .....

**Signature of Candidate**