

LAST DATE FOR SUBMISSION: 06.11.2025

APPLICATION FOR DIRECT RECRUITMENT TO
THE POST OF NURSING OFFICER – 2025

Roll No.: _____ (For official use only)

- Note: (1) Read instructions carefully before filling the application
(2) To be filled in by the Candidate in **CAPITAL LETTERS**
(3) Put tick ☒ mark against the relevant box wherever necessary
(4) Attested copies of relevant certificates should be enclosed.
(5) No column should be left blank/omitted.
(6) Any omission will lead to summary rejection of the application and no correspondence will be entertained.
(7) **All pages of application including annexures / enclosures should be sequentially arranged with page numbers and shall be self-attested by the candidates in all the pages.**

Affix recent
passport size
photo with self
attestation

01. Full name of the candidate :

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02. Father/Husband/Guardian's
Name (tick ☒ relevant field) :

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03. Mother's Name :

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04. Date of Birth (DD/MM/YYYY):

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05. Age as on 06.11.2025 :

Years		Months		Days	
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06. Place of Birth :

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07. Gender : Male ☐ Female ☐ Others ☐

08. Marital Status : Unmarried ☐ Married ☐

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SIGNATURE OF THE CANDIDATE

09.Address :

Pincode

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10.Contact Number:

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11.Email id :

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12. Aadhaar Card Number of Candidate :

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13.Details of Educational Qualification

a. Passed H. Sc. or its equivalent : Yes

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 No

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b. Possessed Degree / Diploma in Nursing : Yes

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 No

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14.Details of marks obtained :

Sl. No.	Qualification	Month and year of passing	Duration of the course (in years)	Number of additional attempt(s) after the first attempt	Total maximum marks in all subjects	Total marks obtained in all subjects	Percentage of marks
1.	H. Sc. or its equivalent						
2.	Degree in Nursing / Diploma in General Nursing and Midwifery or equivalent*						

***strikeout whichever is not applicable**

15.Nationality :

INDIAN	
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OTHERS	
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16.Whether Native / Resident of U.T. of Puducherry : Yes

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 No

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17.Religion:

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18.Whether belonging to reserved community : Yes

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 No

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- a. If yes, category to which belong (tick ☒ the applicable category):

MBC	
SC	
ST	
OBC	
EWS	
BCM	
EBC	
BT	

Note: Refer the notification for expansion of abbreviations

- b. Whether: Origin ☐ Migrant ☐

19. Whether the candidate is a Person with

Benchmark Disability (PwBD) : Yes ☐ No ☐

- a. If yes,

i. Type of disability :

ii. Disability certificate number :

20. Employment Exchange Registration Details:

a. Region :

b. Registration No. :

c. Date of last renewal :

d. Date of next renewal due :

e. Date of registration of Degree in Nursing /
Diploma in General Nursing and Midwives or
equivalent Certificate in Employment
Exchange of Puducherry :

21. State Nursing Council Registration Details:

a. State :

b. Registration No. :

c. Valid upto :

--:3:--

SIGNATURE OF THE CANDIDATE

22.COVID Duty Details (if applicable):

a. Name of the Govt. Institution / General Hospitals
/ PHC / CHC etc. :

b. Place / Location :

c. Region: PUDUCHERRY ☐ KARAİKAL ☐ MAHE ☐ YANAM ☐

d. Duration of COVID Duty performed (Dates) :

From: To:

e. No. of completed months of COVID duty:

23.Details of Application fee:

a. Whether the candidate claiming fee exemption: Yes ☐ No ☐

b. If no, provide the details of Demand Draft-

i. Bank from which DD drawn :

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ii. Demand Draft No.:

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iii. Date of Issue:

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iv. Amount (in INR):

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SIGNATURE OF THE CANDIDATE

DECLARATION

1. I have read all the provisions in the recruitment Notification carefully and hereby undertake to abide by them.
2. I also declare that I have never been convicted by any court of law and no charge sheet is pending against me in any court of law.
3. I declare that I am a Native Resident of Union Territory of Puducherry by virtue of residence for the last five years immediately preceding the date of Notification. I understand that any deviation in this regard will render my selection invalid.
4. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found to be false or incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that if I am appointed in Government Service on the basis of false or untrue information, my services are liable to be terminated forthwith without notice.
5. I am aware that appropriate action will be taken against me for falsification of data.
6. In the event of my provisional selection, I shall submit the Original Certificate in support of my claim on Qualification/Age/Nativity/SC/MBC/OBC/EWS/BCM/EBC/BT/ST/Person with Benchmark Disability, failing which my provisional selection shall be cancelled.
7. I further declare that I fulfil all eligibility conditions regarding age limit, educational qualification etc., prescribed for this recruitment.
8. I have not submitted any other application for this recruitment and I am aware that contravening this will lead to summary rejection of my application.
9. I understand that my admission at all stages of this recruitment is purely provisional, subject to satisfying the prescribed eligibility criteria.
10. I have enclosed the self-attested copies of all required certificates along with this application.

SIGNATURE OF THE CANDIDATE

Place:

Date:

ANNEXURE-II

COVID DUTY CERTIFICATE

This is to certify that the Nursing Officer/Staff Nurse, Thiru./
Tmt./Selvi._____ had rendered
COVID duty for the period from _____ to _____
in the _____ (Govt. Institution) with
a pay of Rs. _____ per month during Covid pandemic.

SIGNATURE OF ISSUING AUTHORITY
(with official seal)

COUNTERSIGNATURE
(with official seal)

**CHECKLIST FOR DIRECT RECRUITMENT TO THE POST OF
NURSING OFFICER, IGMCRI – 2025**

NAME OF THE CANDIDATE:

ROLL NO.:

(for office use only)

Sl. No.	Document	Enclosed (Yes/No/Not applicable)	Page no.
1.	Filled-in application		
2.	Original Demand Draft*		
	Self-attested Photostat copies of following documents		
3.	Birth Certificate / SSLC Mark sheet / Transfer Certificate		
4.	Higher Secondary Mark Sheet		
5.	Degree / Diploma Certificate with all semester/year-wise Mark sheets		
6.	Valid Permanent Registration Certificate of State Nursing Council		
7.	Community Certificate * (OBC/MBC/EBC/BCM/SC/ST/BT)		
8.	Nationality & Nativity / Residence Certificate		
9.	EWS certificate (Income and Asset certificate) for the year 2024-25 *		
10.	Disability Certificate (for Person with Benchmark Disability only) issued by Medical Board *		
11.	Employment Exchange Card duly registered and renewed as on date bearing NCO code nos. for each qualifications acquired by the candidate		
12.	COVID Duty Certificate *		

***if applicable**

All the particulars furnished by me are true to the best of my knowledge. I have enclosed duly filled-in application and Demand Draft in original, alongwith self-attested Photostat copies of the above-listed certificates/mark sheets only. I am liable to be terminated for any discrepancy in the information furnished by me.

Date:

SIGNATURE OF THE CANDIDATE