

West Bengal State Electricity Distribution Company Limited
(A Government of West Bengal Enterprise)

APPLICATION FORMAT FOR THE POST OF NURSE (FEMALE) AGAINST NOTIFICATION NO. MPP/2024/02

DATED: 07.02.2024

To
The Addl. General Manager (HR&A)
Recruitment & Manpower Planning Cell
Vidyut Bhavan, 7th Floor, 'C' Block, Kolkata-91

AFFIX RECENT
SELF ATTESTED
PASSPORT SIZE
PHOTOGRAPH

1. Name of the Post Applied for	:
2. Name of the Candidate (in BLOCK LETTERS)	:
3. Father's Name	:
4. Correspondence Address	:
5. Permanent Address	:
6. Mobile No. / Telephone No.	:
7. E-mail ID	:
8. Date of Birth & Age as on 01.01.2024	:
9. Gender (Male/Female)	:
10. Nationality	:
11. Qualification	:

Qualification	Examination Passed	Name of the Board/Council/Institute/University	Year of Passing	Division/Class/Grade Point	Course Mode - Full time/ Part time/ Others
Educational					
Professional					

*** Self-attested copy of the relevant Qualification details is to be enclosed. ***

Signature of the Candidate

12. Work Experience Details (if any) :

SL. No.	Place of Posting	Designation	Scale of Pay / Band Pay & Grade Pay	Period		Nature of job responsibility	Remarks
			(for PSU/ Govt. only)	From	To		

*** Self-attested copy of the relevant work experience details is to be enclosed. ***

16. Choice of Place of Posting in order of preference [only as mentioned in the Notification]

i. _____

ii. _____

16. List of Documents/Credentials to be enclosed :

Documents/Credentials	Whether enclosed (Yes/No)
1. Self attested copy of Age Proof Certificate ('Class 10/12' Admit card / Mark-Sheets or equivalent)	
2. Self attested copies of All Marksheets of GMN Training course	
3. Self attested copy of GNM Pass Certificate	
4. Self attested copy of valid Registration Certificate from the West Bengal Nursing Council	
5. Self attested copies of Additional qualification / documents relevant Work Experience. (if any)	
6. Two (02) nos. coloured passport size photographs	

***N.B: Intending Candidates shall have to produce all original documents as per above list for verification during the selection process.**

D E C L A R A T I O N

I, hereby, declare that the particulars furnished herein are true to my knowledge. If any information is found to be false subsequently by the authority, my candidature for the post is liable to be rejected.

Date:

Place:

Signature of the Candidate