

**APPLICATION PROFORMA FOR APPLYING TO THE POST OF NURSING SISTER(TRAINEE)**  
**IN MUMBAI PORT TRUST**

RECENT PASSPORT  
SIZE PHOTO TO BE  
AFFIXED

1. Name :  
(Surname/ First Name/ Middle Name )
2. Name of Father /Husband :
3. Date of Birth /Age :  
(Copy of proof shall be enclosed)
4. Sex (Male /Female) :
5. Marital Status :
6. Nationality / Religion :
7. Whether belonging to :  
(SC/ST/OBC/PWD)  
Proof to be submitted
8. Permanent Address :
  
9. Address for Correspondence :
  
- Mobile :
- Land Line :
- e-mail ID :

10. Educational Qualification(Academic/Technical) as on 01.10.2018(Copy of self attested certificate shall be enclosed)

Educational Qualifications	Board/ University	Year of Passing	Percentage of Marks	Elective Subject
1	2	3	4	5
SSLC				
HSC (10+2)				
Diploma Nursing				
B.Sc Nursing				
M.Sc. Nursing				
MS-CIT				

11. Specialty Training in Nursing (Copy of proof shall be enclosed )

Sl. No.	Name of Specialty	Period	
		From	To
1.			
2.			
3.			
4.			
5.			

12. Experience as on 01.10.2018(Copy of proof shall be enclosed).

Sl. No.	Name of the Organization	Joining Date	Leaving Date	Duration			Designation
				Y	M	D	
01							
02							
03							
04							

13. Name & Address of the Present Employer  
with contact no's (If any) :

14. Achievement in Sport :  
(Copy of proof shall be enclosed )  
(District / State / National / International Level)

15. Registration with Nursing Council :

16. Language :

Particulars	Read	Write	Speak
Marathi			
Hindi			
English			

17. Declaration :

I do hereby declare that having understood contents given in the Advertisement, I submit this application. The information furnished above is true. In case, any of my declaration and documents attached herewith found to be false/bogus and if I am unable to produce relevant documents in support of the eligibility condition within stipulated time, my candidature will be cancelled at any stage of recruitment process. In the event that the any wrong statement is detected/noticed even after my appointment, I hereby agree that my service are liable to be terminated without notice.

**SIGNATURE OF THE CANDIDATE**

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**FOR OFFICE USE ONLY**

Sl. No.	Particulars	Response
1.	Date of Submission	
2.	Form Complete/ Incomplete	Complete/ Incomplete
3.	Documents (Education) attached	Yes / No
4.	Documents (Experience) attached	Yes/No
5.	Eligible	Yes/No
6.	SC/ST/OBC/Gen/ Physically Handicapped	

Dealing Assistant	Asstt. Office Superintendent	Office Superintendent	Administrative Officer