

**MUMBAI PORT TRUST
MEDICAL DEPARTMENT**

Mumbai Port Trust require Nursing Sister Trainee -25 and Pharmacist Trainee -05 for its well-equipped, modern Mb.P.T. Hospital at Nadkarni Park, Wadala (East). The vacancies will be filled up for period of eleven months or handing over of the hospital whichever is earlier.

Name of the Post	No. of Posts	Required Age & Qualification	Date of submission of forms	Consolidated Remuneration
1.Nursing Sister Trainee.	25	<p>Essential</p> <p>i) SSC or its equivalent ii) Registration as qualified Nurse and midwife with the Maharashtra Nurse and 'Midwives' and Health Visitors Council. iii) One year's experience of Nursing after obtaining the qualification.</p> <p>Age limits Minimum-20 years Maximum-30 years</p>	<p>On or before 05.11.2018 at 5.00pm. (except 2nd and 4th Saturday and Public Holiday). Application received by this office after due date and time will be rejected.</p> <p>Address for submission of applications: -</p>	<p>Consolidated remuneration of Rs. 10,000/-</p> <p>They will not be entitled to any other benefits in the MbPT service.</p>
2. Pharmacist Trainee.	05	<p>Essential</p> <p>i) SSC or its equivalent qualification. ii) Registered Pharmacist under Pharmacy Act, 1948. iii) One year's experience as a Pharmacist.</p> <p>Age limits Minimum-20 years Maximum-30 years</p>	<p>Chief Medical Officer Mumbai Port Trust Hospital, Nadkarni Park, Wadala (E) Mumbai-400 037</p>	

The Nursing Sister Trainee and Pharmacist Trainee's reservation as under: -

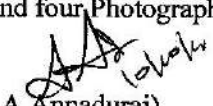
Sr. No.	Category	Total Requirement	UR	SC	ST	OBC	Handicapped
1.	Nursing Sister- Trainee	25	15	2	2	6	NA.
2.	Pharmacist-Trainee	05	03	Nil	Nil	01	01 (Orthopedically handicapped)

The selection will be based on the merit of the candidate's obtained marks on the basis of educational qualification Experience and other activities etc.

Note: -The above posts, reserved as above. In case no suitable SC/ST/OBC/PWD candidates are found for the particular post; these vacancies may be filled up candidate of other categories.

**Contact No. 66567712, 66567658.
Details on website: www.mumbaiport.gov.in**

Desirous eligible candidates may submit his / her application with full bio-data in the prescribed format (Annexure "A & B") alongwith self-attested Photo Copies of the same and four Photograph.


 (Dr. A. Annadurai)
CHIEF MEDICAL OFFICER

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

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

APPLICATION PROFORMA FOR APPLYING TO THE POST OF PHARMACIST(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)				
D.Pharmacy				
B. Pharmacy				
M. Pharmacy				
MS-CIT				

11. Specialty Training in Pharmacy (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 Pharmacy 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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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