



APPLICATION FOR THE POST OF NURSE (MALE)
ON FIXED TENURE CONTRACT (ADHOC BASIS)
(Recruitment Notification No. 14/2024 dated 10.12.2024)

Name of Applicant (As in X th Certificate) :		Affix Recent Passport Size Photo
Date of Birth :		
Gender :		
Religion & Caste :		
Category- UR /SC/ST/OBC (NCL)/EWS : <small>(Category not mentioned will be treated as UR only)</small>		
If PWBD, Category (OH, HH, VH) :		
Ex-Serviceman	Yes / No :	If Yes, Service From: To
Aadhaar Number :		
Marital Status :		
Father's Name :		
Mother's Name :		
Address with PIN code (Mandatory) ↓		E-Mail: (All future correspondence if any, will be to this ID only.) ↓
		Phone No:
UAN, if previously member of EPF :		
ESI Number, if registered under ESI :		

EDUCATIONAL QUALIFICATIONS (Qualification starting from Matriculation)

Examination Passed	Institute	Study Period (From – To)		Course Recognised by Govt – Yes / No	Passing Month & Year (As in Pass Certificate)

KERALA NURSES AND MIDWIFES COUNCIL REGISTRATION DETAILS (Certificate to be attached)

Registration No. Nurse		Date of Registration		I declare that have a valid Kerala Nurses & Midwife Council Registration and is authorized as per the rules of the State of Kerala to practice and do service as Nurse.
Registration No. Midwife		Registration Valid Up to		

Whether capable to operate Electro Medical Equipments.	Yes / No
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Signature of candidate:



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For Ex-Servicemen

Equivalent / Trade Certificate received, if any, from the Armed Forces, relevant to the post applied	Date of acquiring equivalency / Trade certificate for prescribed qualification, relevant to the post applied	Date of acquiring Degree Equivalency, if any

RELEVANT POST QUALIFICATION EXPERIENCE DETAILS (after attaining registration of nursing council for Nurse)

Certificate (s) to be attached. (In chronological order. Use additional sheet if required)

Name of Organisation with Address and Designation	Type of Establishment (Hospital / PHC etc.)	Nature of engagement (Full time / Part Time / Daily wage)	Area of duty / Job Responsibilities	Employment Period (Mention dates)	Experience (in Years, Months and days)
				From: _____ To: _____	Years _____ Months _____ Days _____
				From: _____ To: _____	Years _____ Months _____ Days _____
				From: _____ To: _____	Years _____ Months _____ Days _____
				From: _____ To: _____	Years _____ Months _____ Days _____

Total relevant Post Qualification Experience (after attaining registration of nursing council for Nurse) **as on 01.12.2024.**

_____ Years, _____ Months

I, _____ (Name) I declare that the educational qualification mentioned above are approved and recognized as required in the notification and is acquired through full time regular course and further declare that I am not involved in any criminal case nor is any criminal case registered against me in any of the police station / courts and that the details furnished above are true to the best of my knowledge and belief and relevant data mentioned here in above is same as submitted in online form. I understand that suppression of any facts and declaration of false information in the application will entail disqualification for appointment / termination from service anytime during the tenure of service and make me liable for action under Indian Penal Code.

Place:

Date:

Signature:

Note: Attach self-attested copy of certificates of qualifications, experiences, Caste, relaxations claimed, etc. For further notifications and communications candidates shall visit our website www.fact.co.in>>Careers. There may not be individual communications and individual communication, if any, will be only through the e-mail provided in this application.