



STEEL AUTHORITY OF INDIA LIMITED
DURGAPUR STEEL PLANT

APPLICATION FORMAT FOR PROFICIENCY TRAINING OF NURSES – 2024 (Dec)

(Ref: Adv.No.DSP/HR-NW/RECTT/PTN-2024(DEC)/DETL dated:16.11.2024)

Paste your recent passport size identifiable colour photograph

Instruction:

- 1. Leave one space blank in between two words.
2. All columns should be filled only in English and block letters only.
3. Tick (√) mark in the appropriate columns wherever applicable.
4. Write N.A. wherever not applicable

1 Full name of the candidate (Do not use salutations viz. Mr. / Mrs./ Smt. etc.)

2 Father's full name

3 Mother's full name

4 Spouse's full name

5 Date of Birth D D M M Y Y Y Y
In figure
In words
Name of Supporting document

6 Gender Male Female 7 Marital Status Married Unmarried Divorcee Widow Widower

8 Nationality 9 Religion

10 Caste/Category (√ mark) Gen SC ST OBC-NCL (*) EWS (*)
Certificate Issuing Authority (if applicable)
(*) Issued in Financial Year 2024-25

11 Identity Certificate Nos.:
Aadhar
PAN

12 Present Address
P.O. P.S. District
State Pin code

13 Permanent Address
P.O. P.S. District
State Pin code

(Full signature of the applicant)

Date:

Letter of Undertaking

To
The CMO I/c (M&HS)
Durgapur Steel Plant

Dear Sir,

In response to the advertisement No: DSP/HR-NW/RECTT/PTN-2024(DEC)/DETL dated 16.11.2024. I, Ms./Mr.

-----, daughter/son of Shri/Smt. -----

-----, resident of -----

-----, do hereby submit my application for 'Proficiency Training' in Durgapur Steel Plant (DSP) Hospital, M&HS department.

1. I do hereby undertake that -

- a. I am willing to pursue the 'Proficiency Training' programme in M&HS department, DSP for which the selection will be done on the basis of my performance in the interview. The duration of the training is 18 months.
- b. I agree to accept payment of stipend amount of Rs.10000/- and admissible allowances at the stipulated rates mentioned in the advertisement, which shall be made from the date of my admittance as 'Proficiency Trainee'.
- c. I shall submit the "Certificate of Registration" issued by the State Nursing Council within three months from the date of my admittance as 'Proficiency Trainee'. Till such time, my admittance will be on provisional basis.
- d. I shall have no claim for issuance of "Certificate of Proficiency" if I am admitted on 'Provisional' basis & I fail to submit my "Certificate of Registration" issued by the State Nursing Council and also in case of failure to complete entire duration of the training.
- e. My selection for the 'Proficiency Training' does not entitle me to any claim for employment in DSP in any post, whatsoever.
- f. I shall attend the walk-in interview at schedule date & time at my own cost.

2. In respect of all matters for which no specific provision has been made herein, the decision of the DSP authority in respect of the concerned matter will be final and binding.

3. Any violation of rules and discipline or any activity causing disruption to the hospital/department working or bringing disrepute to the hospital/department shall be punishable or shall result in termination of my training.

4. DSP reserves the sole authority to accept OR reject my application for 'Proficiency Training' in DSP Hospital and the decision of DSP in this regard is final and binding.

5. Candidature of an applicant is liable to be rejected/terminated at any stage of the selection process or after selection or admittance on the following grounds:

- i. if any information provided by the candidate is found to be false **OR**
- ii. if information not in conformity with requisite eligibility criteria mentioned in the advertisement **OR**
- iii. found impersonation during selection process including interview.

This may also invite legal action as deemed fit.

6. I fulfill all the eligibility criteria, as specified in the advertisement and I agree to produce all requisite documents in original at the time of interview & admittance, failing which my candidature will be cancelled.

I have read and understood the above terms & conditions governing the 'Proficiency Training' in M&HS department, DSP and agree to abide by them.

Yours faithfully,

Date: _____

Place: _____

Signature

Name _____