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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

(Full signature of the applicant)
Date:

14	Mob																			WhatsApp															
	E-mail																																		

15	Educational Qualification:																													
	Examination Name	Board / University										Passing Yr.	% age	Major subjects																

16	Professional Qualification: (*) Aggregate of all years/semesters																													
	Qualification	Board / University										Passing Yr.	Name of the Nursing College					Total marks & acquired marks (*)					Class / Division & %age (*)							
	Diploma / GNM Course																													
	B.Sc. (Nursing)																													

17	State Nursing Council Registration Number and State (Only for Trainee Nurse)																															
	State																															

18	Working experience, if any:																													
	Name & address of employer										Designation										Period									
																					From					To				

19	Details of internship period (if any):																													
	Name & address of employer										Designation										Period									
																					From					To				

20	Enclosures: [Enclose self-attested copies of the following and put Tick (✓) mark against the enclosed one]																													
(i)	Self-attested copy in support of proof of Date of Birth (Matriculation / Secondary / Class X Pass certificate)																													
(ii)	Self-attested copy of caste/category certificate for SC / ST / OBC-NCL / EWS candidates (valid & issued by the Competent Authority). For OBC-NCL & EWS category, certificate to be issued in the Financial Year 2026-27																													
(iii)	Self-attested copy of Aadhaar Card																													
(iv)	Self-attested copy of PAN Card																													
(v)	Self-attested Pass Certificate(s) & Mark sheets for educational qualification (all years / semesters)																													
(vi)	Self-attested Pass Certificate(s) & Mark sheets (all years / semesters) for professional qualification																													
(vii)	Self-attested experience certificate(s)																													
(VIII)	Self-attested State Nursing Council Registration certificate (Only for Trainee Nurse)																													
(ix)	Self-attested Internship Certificate (if applicable)																													
(x)	Undertaking ((Annexure-B) in non-judicial stamp paper (Rs.10/-) by the candidate																													

21	Declaration of the applicant																													
I agree to all the terms and conditions given in the aforesaid advertisement and affirm that all the information given by me in this application form and its enclosures are true and correct to the best of my knowledge & belief. In case of any declaration/information and documents attached herewith are found to be false/forged/fabricated and if I am unable to produce / submit relevant documents, my candidature may be cancelled at any stage of the selection process. In the event of submission of the wrong statement / information / documents and / or impersonation is / are detected afterwards, then my engagement is liable to be terminated without notice.																														
Date: _____															(Full signature of the applicant) Name: _____															

Letter of Undertaking

Annexure-B

To
The GM (HR)
CHANDRAPUR FERRO ALLOY PLANT

Dear Sir,

In response to the advertisement No: CFP/HR-NW/RECTT/2026(AUG)/ dated _____, I, Ms./Mr.

_____, daughter/son of Shri/Smt. _____

_____, resident of _____

_____, do hereby submit my application for
'Proficiency Training' in Chandrapur Ferro Alloy Plant (CFP) OHS / Dispensary and OHS, M&HS department to
the post of Trainee _____.

1. I do hereby undertake that -

- a. I am willing to pursue the 'Proficiency Training' program in M&HS department, CFP 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'.

Only for Trainee Nurse –

- i) 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.
- ii) 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.
- c. My selection for the 'Proficiency Training' does not entitle me to any claim for employment in CFP in any post, whatsoever.
- d. 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 CFP 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 Dispensary and OHS/department working or bringing disrepute to the Dispensary and OHS/department shall be punishable or shall result in termination of my training.
4. CFP reserves the sole authority to accept OR reject my application for 'Proficiency Training' in CFP OHS / Dispensary and OHS and the decision of CFP 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, CFP and agree to abide by them.

Yours faithfully,

Signature

Date: _____

Place: _____

Name _____