



SAGARA HOSPITAL PUNNAPRA

(Under the Co-operative Academy of Professional Education, Estd. by the Government of Kerala)

NOTIFICATION – STAFF NURSE VACANCY

ADVT No.SH/B1/816/2021

Applications are invited from eligible candidates for the post of Staff Nurse in the hospital on Daily Wage basis. Qualifications:-BSc Nursing or General Nursing. Previous experience desirable. Age:- not exceeded 35 years as on 1.12.2022. Selection will be on the basis of written test and interview. Prescribed application form is given hereunder. One passport size photo recently taken should be affixed in the space provided in the Admit Card given along with the application. Application duly filled in the prescribed format along with self-attested copies of supporting documents to prove age, qualifications, experience etc.: and a DD for Rs200/-(Rupees Two hundred only) (Rs 100/-(Rupees One hundred only) for SC/ST applicants) towards the application fee in favour of Administrator, Sagara Hospital payable at Punnapra should reach to the undersigned in the address given below either in person or by post on or before 12.1.2023 at 5 PM. The envelope containing the application should be Super scribed “Application for the post of Staff Nurse” . Candidates who had already submitted application as per notification dt 8.12.2022 need not apply again.

Sd/

Administrator

Place:- Vadackal, Alappuzha. 688003

Date:- 27/12/2022



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APPLICATION FOR THE POST OF STAFF NURSE

1. Name of Applicant :

2. Age & Date of birth as on 1.12.22 :

3. Address to which
Communication is to be made :

4. Phone Number

Mobile : (1)

: (2)

Land :

E- mail ID :

5. Qualification :

	Name of Examination	Board/ Council/University	Year of passing	Grade	Details of Registration
a)					
b)					
c)					
d)					
e)					



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6. Details of experience

	Name of Institution	Name of the department	Year/Month From	Year/Month To	Total Experience
a)					
b)					
c)					
d)					
e)					

7. Whether SC/ST, if so specify : (attach proof)

8. Details of DD enclosed

(i) Amount of DD :

(ii) DD Number and Date :

(iii) Name of Bank :

Certified that the particulars given above are true and correct to the best of my knowledge and belief.

Signature of Applicant

Name

Place:

Date:

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SAGARA HOSPITAL PUNNAPRA

VADACKAL P.O, ALAPPUZHA-3. PH 0477 2269976, 2267676

ADMIT CARD

NO : SH/B1/816/2021

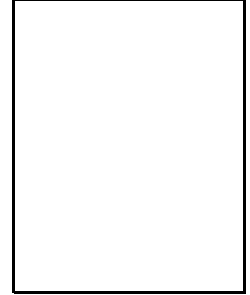
DATE : / /2023

WRITTEN EXAMINATION FOR THE POST OF STAFF NURSE

NAME OF CANDIDATE : _____

ADDRESS : _____

ROLL NUMBER ALLOTTED :



DATE OF EXAMINATION :

TIME :

EXAMINATION CENTRE : COLLEGE OF ENGINEERING AND MANAGEMENT PUNNAPRA
CAPE CAMPUS (NEAR SAGARA HOSPITAL), VADACKAL P.O, ALAPPUZHA- 3

You are requested to attend the Examination in the date, time and centre mentioned above

SECRETARY

INSTRUCTIONS

- 1) This admit card should be produced at the time of Examination
- 2) Candidate should sign in the photo at the Examination hall in the presence of Invigilator
- 3) Candidate should report half an hour prior to the time fixed for the Examination
- 4) Late comers are not allowed to attend the Examination
- 5) Candidate are not permitted to leave the Examination hall before the end of examination time
- 6) Mobile Phone, Calculator and other Electronic equipments are not allowed in the Examination hall
- 7) Questions are Objective types and 4 marks are awarded to each right answer and for each wrong answer 1 minus mark each will be deducted
- 8) Use ball pen, Blue/Black