

## ADVERTISEMENT FOR POST OF STAFF NURSE

### STAFF NURSE

Applications are invited for the post of Staff Nurse (16: 9-General, 4-OBC (non-creamy layer only), 2-SC& 1-ST) with a fixed remuneration of Rs. 18,150.00 per month under National Health Mission sponsored operationalization of Sick Newborn Care Unit (SNCU) in the Department of Pediatrics, IMS, BHU, Varanasi under the Scheme No. 5064. The post is temporary, contractual and co-terminus with the scheme.

**Essential Qualification:** The candidate should be B.Sc. Nursing/Diploma in Nursing and registered with State Nursing Council. Female candidates will be preferred. The upper age limit for the post is 45 years.

**Desirable qualifications:** Candidate having experience of working in Newborn Care Unit (6 months for B.Sc. Nursing & 1 year for Diploma in Nursing) or having undergone 4 days FBNC training will be given preference.

### Important Information:

1. The application form and other details can be obtained from the BHU website: [www.bhu.ac.in](http://www.bhu.ac.in)
2. No TA/DA will be paid for attending written exam and skill test.
3. Incomplete application form will not be entertained.
4. Application should be typed on A4 size paper and each Application should accompany with relevant certificates duly attested, 2 copies of the recent photograph and complete e-mail id and mobile number.
5. Application can be given in Hindi or English.
6. Those who are in service should apply through proper channel.
7. All things being equal, SC/ST candidates will be preferred as per GOI guidelines.
8. Degrees must be from the recognized Institution/University.
9. Reservation for reserved category will be done as per University rules for the project.
10. **Application should reach within 21 days of the advertisement to:**

**Dr Ashok Kumar, Professor & SNCU Coordinator, Neonatal Unit, Department of Pediatrics,  
Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005, by 26 February 2018.**

11. Selection will be done through a written and skill based test.
12. The details of the examination are as follows:

**Date and time of written examination:** March 8, 2018, 10.00 am

**Venue of written examination:** New Lecture Theatre Complex, IMS, BHU

**Date of skill test:** March 8, 2018, 2.30 pm

**Venue of skill test:** SNCU/NICU, SS Hospital, BHU

**The Candidates should bring all relevant documents and certificates on the day of examination.  
Please check the BHU website: [www.bhu.ac.in](http://www.bhu.ac.in) for regular updates.**

# BANARAS HINDU UNIVERSITY

## MODEL SICK NEWBORN CARE UNIT DEPARTMENT OF PEDIATRICS INSTITUTE OF MEDICAL SCIENCES

### APPLICATION FORM

Post Applied For:.....

Name (In Block Letters):.....

Present Designation:.....

Date of Birth:..... Gender(Male/Female):.....

Father's Name/Husband'sName:.....

Mother'sName:.....

Marital Status:.....

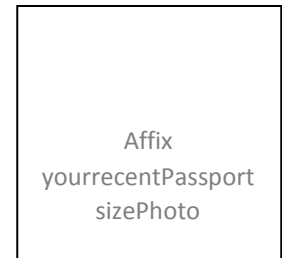
Nationality:.....

Category: General/OBC(non creamy layer only)/SC/ST.....

AddressforCorrespondence(withPincode):.....

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TelephoneNo.(With STDCode):.....\* MobileNo.:(mandatory).....

\*E-mail:(mandatory).....

PermanentAddress(with Pincode):.....

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Distinctions/Prizes/Awards/Medals/Honorsetc.....

**AcademicQualifications:**

Examination Passed	Board/University	YearofPassing	PercentageofMarksObtained	Division/Class/Grade/Merit
HighSchool/MatricorEquivalent				
Intermediate/Hr.Sec./PUCorequivalent				
B.Sc. Nursing/GNMorEquivalent				
M.Sc. NursingorEquivalent				
Special training in Newborn Care, for example FBNC Training				

**AppointmentsheldorExperience, ifany:**

Designation &Name ofInstitution	Date		SalarywithGrade	Natureof Duties	Reason forleaving
	Joining	Leaving			

Additional Information, if any(pleaseuseseparatesheet) :

**Declaration:** I declare that:

1. The information given above is complete and correct.
2. I have never been dismissed from service nor  
debarred from holding any future appointment nor convicted for any offense. No criminal case is pending against me.
3. In case of concealment/suppression of facts(s), which may be detected at  
any stage in future, my appointment is liable to be cancelled/terminated, as the case may be, without notice.

**Date :** .....

**Signature of the Applicant** .....