

एन आई सी कवारत्ती / NIC. Kavaratti

No:- 217

Date:- 28-4-23



GOVT OF INDIA  
LAKSHADWEEP ADMINISTRATION  
(Department of Health Services)  
KAVARATTI ISLAND 682 555

F.No.5/46/2021-DHS/45

Dated: 28.04.2023.

NOTIFICATION

Application for the post Vice Principal, Assistant Profssor on contract for Govt. Nursing College, Kavaratti, U.T. of Lakshadweep has been invited. The application and other details can be had from [www.lakshadweep.gov.in](http://www.lakshadweep.gov.in). The last date of submission of application will be on 31<sup>st</sup> May 2023.

(DR. K.SHAMSUDHEEN)  
DIRECTOR OF HEALTH SERVICES

FMSCF)  
M ypland  
28/4/23.

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GOVT OF INDIA  
LAKSHADWEEP ADMINISTRATION  
(Department of Health Services)  
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F.No.5/46/2021-DHS

Dated: 28.04.2023.

NOTICE INVITING APPLICATION FOR THE POST OF VARIOUS FACULTIES FOR  
GOVT. NURSING COLLEGE, KAVARATTI U.T.OF LAKSHADWEEP

Applications are invited from eligible candidates for filling up of the following faculties required for the Govt. Nursing College, at Kavaratti, U.T of Lakshadweep, Kavaratti (on contract) for a period of 11 months and likely to be extended if the Lakshadweep Administration so desires. The place of posting will be at Kavaratti island of Lakshadweep. The candidates should submit their application in the prescribed format (Annexure-A) through the e-mail to [dhspostsinterview@gmail.com](mailto:dhspostsinterview@gmail.com) on or before **31.05.2023 at 5.00 PM** with self attested copies of all relevant credentials shown below. Applications received after the stipulated date and time will not be considered for attending the interview (**Online**).

Sl. No.	Name of post	No. of post	Minimum qualification required with experience	Speciality	Consolidated pay per month
1.	Vice Principal	1	12 years experience with M.Sc.(N) out of which 10 years should be teaching experience with minimum of 5 years in collegiate programme.(Ph.D (N) is desirable)	Any	90000/-
2.	Assistant Professor	3	M.Sc (N) with 3 year teaching experience. Ph.D(N) desirable	1.Pediatric Nursing 2.OBG 3. Mental Health Nursing	Rs.55000/-

Cont.p 2/-



Check list (final) shall be published on 5<sup>th</sup> June, 2023 at [www.lakshadweep.gov.in](http://www.lakshadweep.gov.in). The short listed candidates may attend the interview physically/virtually. The link of the interview will be communicated in due course.

The date and time of the interview shall be intimated to the candidates through e-mail id by the Lakshadweep official website.

The candidates selected shall execute a bond to declare that, he/she will work as in the Govt. Nursing College, Kavaratti, Lakshadweep for a period of 11 months and will not leave the assignment before the completion of contract period of 11 months. If he/she leaves before stipulated months they are liable to remit back the salary of two months to the department and a bond also to be executed in that effect on appointment.

This issue is with the approval of Secretary (Health) vide Diary No.1050 dated 25-04-2023.



**(DR. K.SHAMSUDHEEN)**  
**DIRECTOR OF HEALTH SERVICES**

To

1. The Technical Director ,NIC, Kavaratti with request to publish in the Lakshadweep official website
2. The Director , Public Relations & Information, Lakshadweep with request to publish in the Lakshadweep Times on top priority basis
3. The Deputy Collector , Kavaratti and Minicoy/SDO in other island with request to publish in the Notice Board
4. Notice board of Directorate of Health Services /NHM/IGH, Kavaratti, GH, Minicoy, CHCs/PHCs/FAC

Copy to PA to Secretary (Health) for kind information

**(Annexure-A)**

**APPLICATION FORM FOR THE CONTRACT POST OF ASSISTANT PROFESSOR  
FOR GOVT. NURSING COLLEGE AT KAVARATTI, U.T.OF LAKSHADWEEP**

**(To be filled in capital letters with ball point pen only)**

**(FOR OFFICE USE ONLY)**

Date of receipt of application	
Roll Number	
Remarks if any	

**(TO BE FILLED BY CANDIDATE)**

1	Name in full	:	
2	Father/Mother name	:	
3	Date of Birth	:	
4	Permanent address (including e-mail id and contact number)	:	
5	Address for communication(including e-mail id and contact number)	:	
6	Name of post	:	

**Details of Educational Qualification** (all with self attested copy)

Sl.No	Qualification	Name of the institution	Year of pass	Experience
1				
2				
3				

**Declaration:** - I declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature & Name of applicant