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5/03/26 2

No. HFW-H(1)B(2)110/91  
Health and Family Welfare Department  
Himachal Pradesh.

Regd. Post

To

The Labour Commissioner-cum-  
Director of Employment,  
New Himrus Building, Circular Road  
Himachal Pradesh, Shimla-1

Dated: Shimla-171009, the

Subject:

Regarding filling of 03 vacant post of Staff Nurse on Job Trainee (PwBD) in the Health and Family Welfare Department, HP, through direct basis.

Sir,

On the subject cited above please find enclosed herewith requisition alongwith the copy of advertisement for filling up of 03 vacant posts of Staff Nurses (PwBD) alongwith certificate, as per the R&P Rules of Staff Nurse notified vide Notification No. Health-A-B(3)-6/2018 dated 22.03.2019.

Therefore, you are requested to sponsor the name of eligible candidates from the Special Cell / Employment Exchange for physically Handicapped to this Directorate as per eligibility mentioned in R&P Rule of Staff Nurse notified vide Notification No. Health-A-B(3)-6/2018 dated 22.03.2019, copy enclosed, so that further action in the matter could be taken accordingly.

DIRECTORATE OF HEALTH SERVICES  
1868  
03 MAR 2026  
KASUMPTI, SHIMLA-9

Yours faithfully,

Director Health Services  
Himachal Pradesh  
Dated: Shimla-171009,the

Endst. NO. As above.

Copy forwarded for information and to :-

1. The Secretary (Health) to the Government of Himachal Pradesh for information please.
2. The Secretary (SJ&E) -cum-State Commissioner for PwDs to the Government of Himachal Pradesh for information please.
3. The Director, Empowerment of SC,OBC Minorities & the Specially Abled, HP Shimla-9 for information please.
4. The Superintendent, Medical-V, Dte. & FW (IT) with the direction to upload the same in the Departmental website.
5. Guard File.

Director Health Services  
Himachal Pradesh

Int. Shree D. Thakur  
Sydt. Govt II  
IT Cell  
15/3/2021

Applications are invited on prescribed Proforma from Person with Disabilities (PwBD) for filling up of 03 posts of Staff Nurses (Job Trainee's) direct and batch wise in the Health & Family Welfare Department against vacant of PwBDs.

1.	Department and Address	Health and Family Welfare Department, Shimla-9.		
2.	Name and Designation of Demanding Officer with telephone number	Dr. Gopal Beri Director Health Services, HP. 0177-2621424		
3.	Name and Designation of Officer with telephone number to whom applicant should report.	Dr. Gopal Beri Director Health Services, HP. 0177-2621424		
4.	Date time and place of Counseling/ Interview.	Date time and place of scrutiny of documents/counselling will be intimate to the candidates through call letter by the Director Health Services, Himachal Pradesh/ also intimated through Departmental website <a href="http://www.hphealth.nic.in">www.hphealth.nic.in</a>		
5.	(a) Designation of the post to be filled. (b) Pay band plus grade pay. (C) Place of work	Staff Nurse "Job Trainee" Fixed monthly amount Rs. 21,500/- (Twenty one thousand five hundred only). Anywhere in the State.		
6.	(a) No. of posts to be filled.  (b) Reservation against each category.  Duration of vacancies.  (c) Probable date by which the vacancies will be filled.	No. of Posts 03	Category of Disabled suitable for Job(with the help of aids and appliances)	Abbreviations
		Direct Basis Staff Nurse=02	b)= 01 -UR SLD  c)= 01-UR MD	SLD (Specific/speech learning Disability), S-sitting , ST-standing, W-walking, BN-bending, MF-Manipulation with finger , RW-reading &writing, SE-Seeing, H-Hearing-communication.  Multiple disabilities
		Batch wise Basis Staff Nurse= 01	01 a) -UR OA,OL,CP,LC,Dw, AAV and b-UR SLD	OL( one leg) , On arm Cerebral palsy Leprosy cured Dwarfism AAV(Acid Attack Victim), SLD (Specific/speech learning Disability), S-sitting , ST-standing, W-walking, BN-bending, MF-Manipulation with finger



	<p>candidates will be rejected.</p> <ol style="list-style-type: none"><li>3. The candidates belonging to OBC of HP Category must produce OBC certificate(s) on the prescribed format, which should not be more than one year old at the time of last date fixed for submission of Recruitment Application. The validity of the certificate is required to be seen at the time of documentation.</li><li>4. The benefit of reservation under EWS can be availed upon production of an Income and Asset Certificate issued by the Competent Authority i.e. DC/ADC/ADM/ SDO (Civil) of the area where the candidate and /or his family resides; and revenue officer not below the rank of Tehsildar. The validity of IRDP/BPL certificate is of six months from the date of its issuance. The candidate is required to furnish the valid certificate including the old certificate of the time of the filling the application in support of his/her claim.</li><li>5. The validity of the certificate is required to be seen at the time of documentation. The candidate belonging to unreserved BPL category are not required to submit Income &amp; Asset Certificate. They shall be treated as eligible for EWS reservation on the basis of valid BPL Certificate issued by the competent authority and supplemented by the non-SC-/ST/OBC Certificate. If any BPL candidate applies for the post reserved for EWS category he/she shall have to submit a valid B.P.L. certificate countersigned by the Block Development Officer and also a non SC/ST/OBC certificate issued by the competent authority. The candidate must possess these certificates on prescribed formats at the time counseling</li><li>6. If in any recruitment year any vacancy earmarked for EWS cannot be filled up due to non-availability of suitable candidate belonging to EWS, such vacancies for that particular year shall not be carried forward to the next recruitment year as backlog. In other words, when an EWS candidate is not available for selection, the post will be treated automatically as de-reserved and will be filled up from a non-EWS candidate of unreserved category.</li><li>7. The candidates are required to submit their requisite documents in support of their eligibility for the concerned post(s) at the time of documentation.</li><li>8. The candidates are advised to visit the Health Department's official website <a href="http://hphealth.nic.in">hphealth.nic.in</a> from time to time for updates in their own interest.</li><li>9. <b>SUBMISSION OF CERTIFICATES/DOCUMENTS:-</b> Proforma alongwith necessary original certificates and self attested photocopies will have to be produced at the time of documentation.</li><li>10. <b>CATEGORY CLAIMS:-</b> The category once claimed by the candidate(s) will not be allowed to be changed at any stage. The S.C. of Himachal Pradesh / S.T. of Himachal Pradesh / O.B.C. of Himachal Pradesh/ WFF of Himachal Pradesh / Ex Servicemen of Himachal Pradesh and Physically Disabled of Himachal Pradesh candidates must possess such certificates(s) in support of their claims made while applying for the concerned post(s). All the candidates belonging to reserved categories are also required to go through the relevant instructions of the Government of Himachal Pradesh issued from time to time in order to ensure that they are eligible under a particular category and submit the applicable certificates only on the prescribed formats at the time of documentation.</li><li>11. <b>ELIGIBILITY CONDITIONS:-</b><ol style="list-style-type: none"><li>i. The date of determining the eligibility of all candidates in terms of Essential Qualifications, experience etc. shall be reckoned as on the closing date as mentioned.</li><li>ii. The decision of the Department regarding eligibility etc. of a</li></ol></li></ol>
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candidate will be final. iii. Onus of proving that a candidate has acquired requisite degree/ essential qualifications by the stipulated date is on the candidate and in the absence of proof the date as mentioned on the face of certificate/ degree or the date of issue of certificate / degree shall be taken as date of acquiring essential qualification. In The candidates of the concerned subject only be apply upto dates(s) given against each category **only if the % of disability is 40% or more than this.** In case of any deviation they shall be personally responsible. Further they may also ensure that the list of eligible candidates be sent once.

**APPLICATION FORM LIABLE TO BE REJECTED:**

1. Incomplete, illegible or over written application form.
2. undersigned and without any thumb impression application form.
3. Application form without photograph
4. Application form received before the date of notification and after closing date and time.
5. No Application shall be entertained after the last date.
6. Incomplete/ defective applications from will be summarily rejected and no correspondence will be entertained in this respect.
7. Only a single application will be entertained. In case of multiple applications of the same candidate received, then the candidature will be cancelled.
8. Names received after the scheduled date shall not be considered and will be straightway rejected.



Director Health Himachal  
Himachal Pradesh

Mode of Selection

Awarding Marks to the candidates appearing before the selection Committee as per following parameters as per instruction of Principal Secretary ( SJ&E) to the Govt. of HP vide Letter No. SJE-B-B(15)-03/2014-I dated 28.08.2017

Sr. No.	Remarks	Class-III
1.	Weightage for essential educational qualification as per the R&P Rules of marks obtained in educational qualification prescribed for the posts would be divided by 10	10
2.	Weightage for maximum disabilities as certificate by the Medical Board Authorities (40% to 59%) =2 Marks (60% to 79%) =4 Marks (80% to 100%) = 6 Marks	6
3.	Weightage for maximum additional qualification ( % of marks obtained would be divided by 25)	4
4.	Belonging to notified Backward Area on Panchayat , as the case may be. (Issued or countersigned by Naib Tehsildar)	1
5.	Land Less family/ family having land less than 1 Hectare to be certified by the concerned Revenue Authority.	1
6.	Non- Employment Certificate to the effect that none of the family member is in government/ Semi Government. (Issued or countersigned by Naib Tehsildar)	1
7.	BPL Family having family annual income ( from all source) below Rs. 40,000/- or prescribed by the Govt. from time to time.(Certificates with validity issued by Panchayat Secretary/ Pradhan/ BDO subject to the condition that valid income certificate with income below 40,000/- issued or countersigned by Naib Tehsildar or above.)	2
8.	Widow/ divorced/ destitute / single woman (Certificate of Widow/ divorced/ destitute / single woman Issued by Naib Tehsildar)	1
9.	Single daughter/ orphan ( Certificate of Single Daughter/ orphan issued by Naib Tehsildar)	1
10.	Training of at least 6 Months duration related to the post applied for from a recognized University/ Institution	1
11.	Experience upto a maximum of 5 years in Govt. / Semi Govt. organization relating to the post applied for ( 0.4 Marks only for each completed year in case of Class-III posts and 0.7 marks only for each completed year in case of Class-IV)	2
<b>Total</b>		<b>30</b>

  
 Director Health Himachal  
 Himachal Pradesh

Department of Health and Family Welfare,  
Himachal Pradesh, SDA Complex, Shimla-9,

Application form for the post of Staff Nurse's (PwBD) Job Trainee.

BIO -DATA

Self Attested  
Passport size  
Photograph

1	Name of the post applied for	
2	Full Name in CAPITAL letters (English)	
3	Father's Name	
	Husband's Name	
4	Date of Birth	
5	Age as on.....	.....Year.....Month.....Days
6	Category (GEN/SC/ST/OBC/EWS)	
7	Subcategory (Nature of disability and percentage)	
8	Name of Employment Exchange Registration No./ Physically Handicapped Cell registration No.	
9	Permanent Address	
10	Correspondence Address	
11	Mobile Number	
12	E-Mail(ID)	

13. Minimum Education and other qualification required as per R&P Rules of the post and other :

Sr. No.	Essential Qualification(s)	Name of University/ Board/ Institute	Subject	Month and Year of Passing	Maximum Marks	Marks Obtained	% of Marks
1.	10+2 preferably with Science from a recognized Board of School Education.						

2.	Qualified 'A' Grade Nursing (Diploma in GNM) OR B.Sc. Nursing from a recognized University/Institution.						
3.	Registration No. in HP State Nursing Council (HPNRC)						

14. Additional qualification (if any)

Sr. NO.	Education Qualification	Name of University/ Board/ Institute	Subject	Month and Year of Passing	Maximum Marks	Marks Obtained	% of Marks
1.							
2.							
3.							

15. Certificate of Belonging to notified Backward Area on Panchayat , as the case may be.  
(Issued or countersigned by Tehsildar/ Naib Tehsildar)

Yes / NO. .... Date.....

16. Certificate of Land Less family/ family having land less than 1 Hectare to be certified by the concerned Revenue Authority.

Yes / NO. .... Date.....

17. Non- Employment Certificate to the effect that none of the family member is in government/ Semi Government.  
(Issued or countersigned by Tehsildar/ Naib Tehsildar)

18. Certificate of BPL Family having family annual income ( from all source) below Rs. 40,000/- or prescribed by the Govt. from time to time.(Certificates with validity issued by Panchayat Secretary/ Pradhan/ BDO subject to the condition that valid income certificate with income below 40,000/- issued or countersigned by Tehsildar/ Naib Tehsildar.)

Yes / NO. .... Date.....

19. Certificate of Widow/ divorced/ destitute / single woman (Certificate of Widow/ divorced/ destitute / single woman Issued by Tehsildar/ Naib Tehsildar)

Yes / NO. .... Date.....

20. Certificate of Single daughter/ orphan ( Certificate of Single Daughter/ orphan issued by Tehsildar/ Naib Tehsildar)

Yes / NO .....Date .....

21. Certificate of Training of at least 6 Months duration related to the post applied for from a recognized University/ Institution

Yes / NO .....Date.....

22. Experience upto a maximum of 5 years in Govt. / Semi Govt. organization relating to the post applied for (if any)

Yes / NO .....

Sr. NO.	Name of Govt. / Semi Govt. organization	Experience year
1.		
2.		
3.		

23. Copy of Character Certification from Executive Magistrate.

Yes/ NO .....Date.....

**24. DECLARATION**

1. I..... have/had ever been debarred or disqualified by any Recruitment Board/ Public Service Commission from any of the Examination Selection?

Yes/ NO.....Date .....

2. I..... have/ had ever been convicted by any court for any offence?..Yes/ No.....Date.....

3. I..... have/had ever been offered the appointment as Physiotherapist by the Department earlier.

Yes/ NO. (If Yes ) Office Order No. ....Date.....Joined/ Not Joined.

4. I.....solemnly affirm and declare that all the details given by me are true and correct and nothing has been concealed therein. All the documents submitted by me are correct and obtained from the competent authority or Education Qualification passed from recognized Educational Institution/ Board/University. If any discrepancy is found in my application form or any information is found falls at any stage then I shall be liable for all consequential actions including cancellation of candidature.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate .....