



**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI-110007**

Dated: 08.10.2014

WALK-IN-INTERVIEW

The interview for the appointment to the posts of Nurses (on contract) will be held in the Conference Room of WUS Health Centre, North Campus, University of Delhi, Delhi-110007 on 18.10.2014. The appointments will be purely on contractual basis and the incumbent shall have no claim for regularisation.

S.No.	Name of the Post	No of available post at WUSHC Strength	Total	Category
01	Nurse	03	03	General-02 OBC - 01

Interested candidates may appear for Walk-in-interview on 18.10.2014. Please report at 10:00 am at the above mentioned address alongwith applications form available from WUS Health Centre Office. Application form also can be downloaded from University website. Please bring attested copies of testimonials & certificates along with original age proof, one self attested passport size latest colour photograph, experience certificate. Original certificates /degree will be verified before the Walk-in-Interview.

Emoluments:-

Nurse - ₹ 22,935/- p.m.

For Qualification, General Conditions, Application Form and other details please visit the University of Delhi Website www.du.ac.in University reserves the right to cancel any application without assigning any reason.

Chief Medical Officer



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NURSE (On Contract)

Remuneration: ₹ 22,935/- Per Month (Consolidated)

Essential qualification:

Passed 10+2 or equivalent examination with Science subject. Possessing a Certificate as Registered Nurse and Midwife having passed General Nursing and Midwifery course from a School of Nursing or other institution recognized by the Indian Nursing Council. Minimum 2 years experience in a recognized general hospital.

Age: 35 Yrs

Age relaxation as per University norms

Desirable:

B.Sc. (Nursing) from a recognized University / Institution



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General Conditions for Nurse (on Contract)

1. The Nurse can be posted in any of the 4 Health Centres namely North, South, East or West Delhi Health Centre and have to perform duties in any shift.
2. He/ She has to perform 192-200 hours duty / month
3. The salary shall be Rs 22,935/- pm
4. No TA / DA shall be admissible while coming for attending the interview.
5. The post is on Contract Basis.
6. Incomplete applications in any respect / application received after last date shall be rejected.
7. He/ She will be responsible for the efficient functioning of the injection and emergency room.
8. He/ She will ensure that syringes, needles etc. are sterilized and maintained properly in aseptic conditions.
9. He/ She will keep ready at all times a spare syringe and requisite injections to combat anaphylactic shock and emergency conditions.
10. He/ She will check the physical condition of ampoule for any impurities, its contents, the date of expiry etc. before administering an injection.
11. He/ She will specifically enquire from the patients about any adverse reaction to an injection in the past.
12. He / She shall be responsible for carrying out ECG.
13. In the event of a reaction to an injection, he/ she will immediately call the Medical Officer and render all possible help that may be necessary. He/ She will make all entries in the drug reaction register.
14. He/ She will maintain a record including summary in a register of the injectables received and administered by her. The register shall be checked by the Medical Officer periodically preferably at least once a week.
15. He/ She will put on uniform while on duty.
16. He/ She will maintain indent register as per instructions laid down.
17. He/ She will maintain a register of all injections administered in the nursing section daily. The columns shall be of Date, Serial No., Name of Injection. Separate register shall be maintained for new and old cases.
18. He/ She will be responsible for proper functioning of Oxygen Cylinder.
19. He/ She will keep upto date account of expenditure and balance of injections received from store.
20. He/ She will draw full Linen from the stores for use in various rooms. He / She will keep full account of issue of the same. He/ She will prepare the list of the Linen items to be condemned.
21. He/ She will be responsible for the washing and cleanliness of the Linen through the Dhobi engaged by the Chief Medical Officer Incharge. He/ She will prepare Dhobi bill for reimbursement.
22. He/ She will actively assist lady Medical Officer / Chief Medical Officer Incharge for promoting for Family Welfare Work and MCH Services. He/ She will perform any other duties as may be assigned to her by Chief Medical Officer/ SMO I/c commensurating with the nature of work.
23. He / She will not leave the place of posting until the proper handover is given to the relieving nurse.
24. He / She will record the Blood Pressure of the entitled patients.



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APPLICATION FORM

**WUS HEALTH CENTRE, UNIVERSITY OF DELHI
DELHI – 110 007**

**Ph: 27667908
27666257/Extn. 1660**

**(To be filled in by the candidate with Ball Point Pen in his/her own handwriting.
Incomplete and unsigned application will be summarily rejected)**

ID No.
(for office use only)

1. (A) POST CODE \

(B) POST NAME

PASTE YOUR
RECENT, GOOD
QUALITY
PASSPORT SIZE
COLOURED
PHOTOGRAPH
HERE

2. CANDIDATE'S NAME _____
(In Hindi)

(In English)
(Please leave one box blank between first name, middle name & last name)
(In capital letters)

Signature of Candidate

3. FATHER'S NAME

4. HUSBAND'S NAME

5. CATEGORY (TICK MARK IN THE BOX)

GEN	SC	OBC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. ADDRESS, WITH DETAILS FOR COMMUNICATION, MOBILE NO, LANDLINE NO & EMAIL ID
(Write in capital letters only)

	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>PIN CODE</p>						
PHONE NO – LANDLINE							
MOBILE							
E-MAIL ID -							



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7. PLACE OF BIRTH

VILL.	DISTT.	STATE

8. NATIONALITY _____

9. DATE OF BIRTH

DAY

MONTH

YEAR

(a) (In figures)

(b) In words _____

(c) Age as on closing date i.e. 18.10.2014

Year

Month

Day

10. SEX (TICK MARK IN THE BOX)

MALE

FEMALE

11. MARITAL STATUS (TICK MARK IN THE BOX)

MARRIED

UNMARRIED

12. (a) EDUCATIONAL QUALIFICATION

(Attach duly attested copies of certificate as proof)

Exam. Passed	Year of passing	School/College/University attended	Div	% age	Subject offered



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(b) TECHNICAL QUALIFICATION
(Attach duly attested copies of certificate as proof)

Exam. Passed	Year of passing	Institution	Div	% age	Subject offered

13. EXPERIENCE, IF ANY (ADMINISTRATIVE/TECHNICAL/ANY OTHER):-

Office in which worked/working	Designation Permanent/Temporary	Period		Length of Experience	
		From	To	Years	Months

14. DO YOU KNOW TYPEWRITING? IF SO, STATE SPEED:

English Typewriting:w.p.m.
Hindi Typewritingw.p.m

15. LIST OF DOCUMENTS ATTACHED WITH THE APPLICATION FORM (ONLY ATTESTED COPIES OF RELEVANT DOCUMENTS/CERTIFICATES).

- i) _____ v) _____
- ii) _____ vi) _____
- iii) _____ vii) _____
- iv) _____ viii) _____

15. DECLARATION:

I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and have been filled in my own handwriting.

PLACE: _____

(SIGNATURE OF THE APPLICANT)

DATE : _____

NAME _____

NOTE: ALL THE SIGNATURES DONE ON THE APPLICATION FORM SHOULD BE IN RUNNING SCRIPT (NOT IN BLOCK LETTERS) AND IN THE SAME LANGUAGE AND STYLE.