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''बेटी बचाओ बेटी पढ़ाओ''

Government of India

All India Institute of Physical Medicine and Rehabilitation

MUMBAI - 400034

Notification for Contractual Appointment of two
Stenographers Gr. III

It is proposed to fill up 2 posts (Two) of Stenographer Gr. III on Contract Basis for a period of one year at All India Institute of Physical Medicine and Rehabilitation, Mumbal.

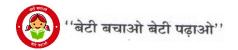
Last date for receipt of application: 21 days from the date of publication of this Advertisement.

Consolidated monthly remuneration: Rs. 30,000/-

For further details visit Institute's website: www.aiipmr.gov.in

EN 15/54 Director

Last date of receipt of applications on 31.07.2021



Government of India Ministry of Health & Family Welfare Director General of Health Services ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION, MUMBAI – 400 034.

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Applications are invited in prescribed format for filling up of 2 posts of Stenographer Gr. III on contract basis for a period of one year. Details are as given below:

1	Name of the post	:	Stenographer Gr. III
2	Number of Posts	:	Two (2)
3	Educational & other qualification	:	 1) 12th Standard Pass 2) 100 w.p.m. in Shorthand 3) Typing Speed – 40 w.p.m.
4	Age	:	Petired government employees having educational and other qualifications mentioned in point 3 in above can also apply upto 4 years after the age of superannuation.
5	Consolidated monthly remuneration	:	₹. 30,000/-
6	Brief description of the job requirement and nature of duties of the post	:	1. Taking dictation2. Typing

Documents to be attached with application form:

- i. Certificate of age / date of birth.
- ii. All certificates related to educational qualifications.
- iii Experience certificates (if any).
- iv. No objection certificate, if employed.
- v. Address proof.

Sd/-Director

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान मुंबई — 400 034.

आवेदन	फार्म पद		:					
1.	अभ्यर्थी का	पूरा नाम	(बड़े अक्षरों	में)				
2.	लिंग							
3.	आयु एवं जन्म तारीख							फोटो के
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5.	राष्ट्रीयता							
6.	पत्रव्यवहार	के लिए	पता					
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7.	स्थायी पता	Ī						
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9.	कालानुक्रम	में रोजग	ार का अनुभ	व विवरण				
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	संलग्नक			वचनबध				
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ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION MUMBAI – 400 034.

APPLICATION FOR	THE POST OF									
1. Name in Full (Capita	al letters)		:			_	Signature	of the		
2. sex		:				applicant				
3. Age & Date of Birth			:				the photo			
4. Category of the cand (SC,ST,OBC,General			:				- 7			
5. Nationality			:							
6. Address for Commu	nication		:	<u> </u>						
			4							
Mobile No.:		_	E-Mail Address:							
7. Permanent Address			:							
8. Educational Qualific	cation									
Name of Examination	Class/Division	Year	of Passing	Insitute/col	lege attended		University			
		-				-		_		
9. Experience/details o	f employment in	chronolog	ical order	:						
Name of Employer		Pay	Nature	of Duties		eriod of stay		Reason		
	Scale		-	From	То	drawn	for Leaving			
10. List of enclosures :										
			UNDERTAK	ING						
I hereby dec best of my knowledg declared by them to		e stateme derstand	ents made in that the dep	n this application	take action	agains	t me in case			
					Signature o	f Can	didates			
	No O	bjection	Certificate	of the Emp	oloyer					
Certified that S	hri/Smt					hol	ds a po	st in		
thishaving No Objection	(Name of t	the insti	itution/org	anization).	The Instit	ution/				
Place					Signature					
Place:			1		signature	h stan	np			