



“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, Mumbai.

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



“बेटी बचाओ बेटी पढ़ाओ”

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

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) 12 th Standard Pass 2) 100 w.p.m. in Shorthand 3) Typing Speed – 40 w.p.m.
4	Age	:	27 years & below • Retired 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 dictation 2. 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 _____
4. अभ्यर्थी की श्रेणी : _____
(एससी, एसटी,ओबीसी अथवा सामान्य)
5. राष्ट्रियता _____
6. पत्रव्यवहार के लिए पता _____

फोटोपर आवेदक
के हस्ताक्षर

मोबाईल नं. :- _____ ई-मेल का पता : _____

7. स्थायी पता : _____

8. शैक्षणिक योग्यता _____

परीक्षा का नाम	कक्षा/प्रभाग	उत्तीर्ण वर्ष	संस्थान/कॉलेज	यूनीवर्सिटी

9. कालानुक्रम में रोजगार का अनुभव विवरण

नियोक्ता का नाम	पदनाम	वेतनमान	कार्य का प्रकार	रुकने की अवधि		अंतिम वेतन	छोड़ने का कारण
				से	तक		

11. सूची संलग्नक :

वचनबद्ध

मैं एतद्वारा घोषणा करता/करती हूँ कि इस आवेदन में दिए गए सभी विवरण मेरे ज्ञान और विश्वास सहीत अनुस्वार सही है । मैं समझता हूँ कि अगर मुझे किसी भी गलत जानकारी देने या किसी भी तथ्य को दबाने के तिष्ठ दोषी पाया गया तो विभाग मेरे खिलाफ कार्रवाई कर सकता है ।

आवेदन के हस्ताक्षर

नियोक्ता का अनापत्ति प्रमाणपत्र

प्रमाणपत्र किया जाता है कि _____, _____ के पद पर _____ है संस्थान/संगठन का नाम । अगर उनकी उम्मीदवारी को पद के विचार किया जाएगा तो संस्थान /संगठन को इससे कोई आपत्ति नहीं है ।

स्थान
दिनांक

हस्ताक्षर
नाम एवं पदनाम मुहर सहित

**ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
MUMBAI – 400 034.**

APPLICATION FOR THE POST OF

- | | | | |
|--|---|-------------------------|--|
| 1. Name in Full (Capital letters) | : | _____ | Signature of the applicant across the photograph |
| 2. sex | : | _____ | |
| 3. Age & Date of Birth | : | _____ | |
| 4. Category of the candidate (SC,ST,OBC,General, PH) | : | _____ | |
| 5. Nationality | : | _____ | |
| 6. Address for Communication | : | _____

_____ | |

Mobile No.: _____ E-Mail Address: _____

7. Permanent Address : _____

8. Educational Qualification

Name of Examination	Class/Division	Year of Passing	Institute/college attended	University

9. Experience/details of employment in chronological order :

Name of Employer	Designation	Pay Scale	Nature of Duties	Period of stay		Last pay drawn	Reason for Leaving
				From	To		

10. List of enclosures :

UNDERTAKING

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to be guilty of furnishing any wrong information or suppressing any facts.

Signature of Candidates

No Objection Certificate of the Employer

Certified that Shri/Smt.....holds a post in this.....(Name of the institution/organization). The Institution/Organisation is having No Objection if his/her candidature is being considered for the post.

Place :
Date :

Signature
Name & Designation with stamp