



# INDIAN INSTITUTE OF MANAGEMENT LUCKNOW

Advertisement No. IIML/Rectt-14/2019

Date: 20.12.2019

## VACANCY NOTIFICATION FOR NON-TEACHING POST

Indian Institute of Management Lucknow (IIML) invites applications for the following post on direct recruitment basis:

Name of Post & Pay Level	No of Vacancies	Eligibility Criteria
<b>Senior Nursing Assistant</b>  Pay Level-02 of Pay Matrix Rs. 19900-63200  (Pre-revised PB-1 RS. 5200-20200/- + GP Rs. 1900/-)	02 posts  (01 reserved for ST & 01 UR)	<p>1. <b>Essential-</b> Grade A (three years course) GNM/Diploma/Certificate in Nursing from a recognized Institution. OR B.Sc. Nursing from a recognized University/ Institution.</p> <p>2. Registration with Indian/State Nursing Council.</p> <p>3. 2 Years practical nursing experience in a hospital.</p> <p><b>Candidates selected have to compulsorily stay in the Campus.</b> An unfurnished accommodation will be provided as per entitlement.</p> <p>Maximum age limit 35 Yrs. as on last date of receipt of applications.</p>

### GENERAL CONDITIONS:

- 1) All other allowances are as applicable to Central Govt. employees stationed at Lucknow / Noida-as per place of posting.
- 2) Persons working in Central Government / State Government / Public Sector Undertakings / Autonomous Bodies etc. should send their application either through proper channel or should furnish 'No Objection Certificate' at the time of Written Test.
- 3) Crucial date for determining the age limit shall be the last date for the receipt of applications from the candidates. The age limit is relaxable to candidates belonging to SC/ST/OBC/PWD category as per Central Govt. rules for which applicants have to attach the necessary certificate (s) as prescribed by the Govt. of India.
- 4) There is no age limit for departmental candidates.
- 5) Mere fulfilling of the minimum advertised qualification and experience requirements DO NOT automatically entitle an applicant to be called for Written Test.
- 6) All the applications received within the due date in response to this advertisement shall be considered by a Screening Committee and ONLY the candidates recommended by the Screening Committee will be called for Written Test. The decision of the Institute will be final and the Institute will not entertain any correspondence in this respect.

- 7) Preference will be given to candidates who have working experience of IIM / IIT / IISER / Centrally Funded Institutions.
- 8) Incomplete applications or applications without self-attested copies of certificates/ testimonials or received after the last date are liable to be rejected.
- 9) Experience can be relaxed in case of exceptionally deserving candidates.
- 10) The candidates are required to pay a non-refundable application fee of Rs.500/- (five hundred only) in the form of demand draft in favour of Director, Indian Institute of Management, payable at Lucknow. Application fee once paid shall not be refunded under any circumstances. SC / ST / PWD / Women candidates are not required to submit the application fee.
- 11) **Selection Process** – Candidate’s awareness on basic knowledge of clinical procedures including nursing jobs and understanding on his/her role in an organization will be evaluated through written test.
- 12) The selected candidate (s) may be posted either at IIM Lucknow campus or its Noida Campus as per requirement in the Institute’s interest.
- 13) Outstation candidates called for Written Test will be paid to & fro Sleeper Class railway fare for the shortest route.
- 14) The number of posts may be increased or decreased depending upon the requirement of the Institute.
- 15) In case of any inadvertent mistake in the process of selection, which may be detected at any stage even after issue of the appointment letter, the Institute reserves the right to modify, withdraw or cancel any communication made to the candidates (Applicants).
- 16) Candidates are advised to visit the website of IIM Lucknow ([www.iiml.ac.in](http://www.iiml.ac.in)) regularly for any updates, amendments and corrigendum.
- 17) IIML reserves the right not to fill the post (s), if it desires so.
- 18) Canvassing in any form will be a disqualification.
- 19) Legal disputes, if any, will be restricted within the jurisdiction of Lucknow only.

### **How to Apply:**

Interested and eligible candidates should submit their application **ONLY** in the prescribed **Application Form** (Page-3 to 6 of this PDF file) along with self-attested photocopies of certificates relating to educational qualifications, experience, caste etc. and a recent passport size photograph affixed on the application. Application should reach to the Undersigned on or before 20.01.2020 (5.00PM) through Speed-Post / Registered-Post / Courier. The envelope containing the applications should be clearly superscribed in bold **“Application for the post of Senior Nursing Assistant”**.

***For any query / clarification please feel free to contact Senior Administrative Officer (Establishment) 0522-6696919 or Personnel Section 0522-6696912.***

**Officer on Special Duty**  
Indian Institute of Management  
Prabandh Nagar, Off Sitapur Road  
Lucknow – 226 013



# INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW

## APPLICATION FORM

POST APPLIED FOR .....

1. NAME \_\_\_\_\_

2. FATHER'S/  
HUSBAND'S NAME \_\_\_\_\_

3. PERMANENT  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PASTE  
RECENT  
PASSPORT  
SIZE  
PHOTOGRAPH  
HERE

TELEPHONE NO. \_\_\_\_\_

4. ADDRESS  
FOR  
COMMUNICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_ SEX: MALE / FEMALE

AGE AS ON LAST DATE OF APPLICATION \_\_\_ YEARS \_\_\_ MONTHS \_\_\_ DAYS

6. A. CASTE \_\_\_\_\_ SUB-CASTE \_\_\_\_\_

B. WHETHER BELONGS TO GEN./SC/ST/OBC/EX-SERVICEMEN \_\_\_\_\_

C. WHETHER PHYSICALLY HANDICAPPED: YES/NO, IF YES, PLEASE SPECIFY  
VH/HH/OH.....

(attach the documentary proof, if belongs to SC/ST/OBC/PH categories)

7. IDENTIFICATION MARKS \_\_\_\_\_

8. NATIONALITY \_\_\_\_\_

9. GENERAL CONDITION OF HEALTH  
NORMAL/ HANDICAPPED (SPECIFY DETAILS) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

10. MARITAL STATUS: MARRIED / UNMARRIED  
OTHER (SPECIFY) \_\_\_\_\_

11. IF MARRIED, IS SPOUSE EMPLOYED/ NOT EMPLOYED  
 IF EMPLOYED, WHERE (GIVE COMPLETE ADDRESS) \_\_\_\_\_

12. DETAILS OF CHILDREN:

Name	Gender	DoB/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. EDUCATIONAL QUALIFICATIONS:

Name of the Examination Passed	Year of Passing	Marks details		% of marks	Name of the Board/ University	Subjects Taken	Div
		Max marks	Marks obtained				

14. TOTAL EXPERIENCE: YEAR (S) \_\_\_\_\_ MONTH (S) \_\_\_\_\_  
 (Work Experience in chronological order, starting with the first job: - Attested copy of proof of each experience to be attached)

Name & Address of Employer	Post held	Pay Level / Consolidated Pay (Per Month)	Period of service				Nature of work & level of responsibilities (please attach separate sheet, if needed)
			From	To	Total experience		
					Year	Month	

15. Present Basic Pay : Rs. \_\_\_\_\_

16. Referees: Name, Designation, addresses, contact numbers and email IDs of two referees: (Referees should not be related to the candidate)

Referee-1	Referee-2
Name.....	Name.....
Designation.....	Designation.....
Address.....	Address.....
.....	.....
Pin Code .....	Pin Code .....
Phone/Mobile .....	Phone/Mobile .....
Email.....	Email.....

17) ANY OTHER RELEVANT INFORMATION  
.....  
.....

18) Details of Demand Draft  
Amount Rs. ....Demand Draft No. ....  
Drawn on (Name of Bank) .....

**DECLARATION**

I hereby declare that the information furnished above is true to the best of my knowledge and belief. If at any time it is found that I have concealed any information or have given any incorrect data, my candidature/appointment, may be cancelled/terminated, without any notice or compensation.

DATE : \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
NAME \_\_\_\_\_

**(For use of the forwarding office)**

(For candidates who are working under Govt./PSU/Autonomous Institutions etc.)

(i) Certified that Shri/Smt./Kum\_\_\_\_\_ is working in this institution/organization\_\_\_\_\_ (Office/ Department), which is a Central Govt./State Govt./Autonomous body of Central/ State Govt./PSU/Private Organization on Regular/Temporary/adhoc basis since\_\_\_\_\_ and that entries made /particulars furnished by him/her have been checked and verified and found correct as per office records.

(ii) It is also certified that there is no vigilance/disciplinary case pending or being contemplated against him/her and his/her integrity is beyond doubt.

Date..... Signature .....

Place..... Name of the forwarding office .....

Designation .....

Office Stamp (seal)