JAMIA HAMDARD



(Deemed to be University) HAMDARD NAGAR, NEW DELHI- 110062 "Accredited by NAAC in 'A+' Category"

Advt. No. FR- 07/2025 Date: 16-10-2025

WALK-IN-INTERVIEW

REQUIREMENT OF TUTOR (NURSING) ON CONTRACTUAL BASIS

Jamia Hamdard desires to engage the services of one (01) Tutor (Nursing) on contractual basis for Rufaida College of Nursing, School of Nursing Education and Research (SNER), Jamia Hamdard, New Delhi as per below mentioned details:

SN	Post Name	Reporting Time	Date & Venue of Walk-in- Interview					
1.	Tutor (Nursing) on Contractual Basis.	10.30 AM	On Monday the 27 th October, 2025. VENUE: Board Room, First Floor, near VC Office, Administrative Building, Jamia Hamdard Campus, New Delhi- 110062.					
Note: Remuneration/Salary as per Jamia Hamdard norms.								

Interested Candidates fulfilling the qualifications/experience, as per below details, may come for a walk in interview on the said venue as mentioned above along with the details as per enclosed application format, detailed CV, original educational & experience certificates, testimonials and one set of attested copies thereof for verification.

Detail of the Post	Essential Qualification				
	(Should be from UGC recognized University/Institution only)				
_ `	i. M.Sc. (Nursing) preferable ii. Experience: B.Sc. (Nursing)/P.B.B.Sc. (Nursing) with 1 year experience				

- 1. Such candidates are required to submit details only in the prescribed application format along with a copy of their updated CV.
- 2. Candidates, if found, not fulfilling the eligibility & experience criteria, shall not be allowed to appear before the interview.
- 3. Candidate shall not be allowed in any circumstances, if reported after 11.30 AM.
- 4. No TA/DA shall be payable for attending the same.

Sd/-REGISTRAR



JAMIA HAMDARD

(Deemed to be University)
HAMDARD NAGAR, NEW DELHI- 110062
"Accredited by NAAC in 'A+' Category"

Please paste your recent colored photo

Application Form for Tutor (Nursing) on Contractual Basis Advt. No. FR-07/2025 & Date 16-10-2025

Post applied	for the subjec	: .							
Name	: .								
Father's/Husba	and's Name	: .							
Date of Birth:		: .							
Marital Status	3	: 1	Married	d/Unmarr	ied				
Gender		: 1	Male/Female						
Communication Address			:						
			E						
			Re	Residence Phone:					
				Email:					
Educational C		(In chronolog							
		Division					•		
					<u></u>				
Whether NET/	GATE Qualifie	ed (Yes/No):							
Employment D	looordo: (lo. ob	ropological or	dar atartina fra	um tha m	rocent ic	٠١.			
Name & Address		-	Period				Pay Scale/		
of Organization		Designation	(From – To)	IN	nature of Duties		Details		
DECLARATIO	N-								
I certify that th	e foregoing inf								
omadon m	, appointment	5. Idii 55 ild516	.o oo oominidi	, .0111	14.54 WI			J. 1.	
	Name Father's/Husba Date of Birth: Marital Status Gender Communicat Educational C Degree Whether NET/ . Employment R Name & of Organ of Organ DECLARATIO I certify that the and nothing he	Name Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Educational Qualifications Degree Subject(s) Specialization Whether NET/GATE Qualified Employment Records: (In. ch. Name & Address of Organization) DECLARATION: I certify that the foregoing informand nothing has been concentrated.	Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Educational Qualifications (In chronology Degree Subject(s) Specialization Division Specialization Whether NET/GATE Qualified (Yes/No): Employment Records: (In. chronological ordy Name & Address of Organization Designation Designation Designation Second Programme Secon	Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Father's/Husband's Name Gender Communication Address Father's/Husband's Name Father's/Husband's Name Research Educational Qualifications (In chronological order from Specialization) Degree Subject(s) Specialization Division Percentation of Mark Whether NET/GATE Qualified (Yes/No):	Name Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Pincode Work Pho Residenc Email: Educational Qualifications (In chronological order from Sec Specialization Degree Subject(s) Specialization Specialization Whether NET/GATE Qualified (Yes/No): Employment Records: (In. chronological order starting from the part of Organization Name & Address of Organization Designation Designation Period (From – To) Name Address of Organization Name Address of Organization Designation Records: (In. chronological order starting from the part of Organization) Name Address of Organization Declaration: I certify that the foregoing information is correct and complete to and nothing has been concealed/distorted. If I am found to he	Name Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Pincode: Work Phone: Residence Phone: Email: Educational Qualifications (In chronological order from Secondary Se	Name Father's/Husband's Name Date of Birth: Marital Status Gender Gende	Name Father's/Husband's Name Date of Birth: Marital Status Gender Communication Address Fincode: Work Phone: Residence Phone: Email: Educational Qualifications (In chronological order from Secondary School onwards) Degree Subject(s) Specialization Division Percentage Year of University/ Institution Whether NET/GATE Qualified (Yes/No): Employment Records: (In. chronological order starting from the present job): Name & Address of Organization Designation Period (From To) Nature of Duties Pay Scale/ Details	

Candidate