

GOVERNMENT OF SIKKIM DEPARTMENT OF HEALTH CARE, HUMAN SERVICES AND FAMILY WELFARE TASHILING SECRETARIAT, GANGTOK

No. 1294/ HC - HS & FW/ 2019

EMPLOYMENT NOTICE

Dated: 08. 03. 2019

I. Applications are invited from local eligible candidates for filling up of 10 (ten) drivers' posts on temporary regular basis in Level 06 of Pay Matrix under Health Care, Human Services & Family Welfare Department, Government of Sikkim.

However, during the first year of training/ probationship/ apprenticeship, the Pay shall be regulated by Notification No. 489/ GEN/ DOP; Dated :31. 10. 2011.

Driver (Level 06 of Pay Matrix): 10 posts

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Sl. No.	Category	Number of Post
01	Bhutia Lepcha	01
02	Bhutia Lepcha (Women)	01
03	Other Backward Classes – Central List	02
04	Other Backward Classes – State List	01
05	Other Backward Classes – State List (Women)	01
06	Scheduled Tribe	01
07	Scheduled Caste	01
08	Primitive Tribe (Women)	01
09	Weaker Sections of the Society	01
10	TOTAL	10

Reservation for Sports Persons and Artisans of Excellence (SPAE) in the 10 (ten) posts of Driver.

- (i) SPAE : Out of the 10 (ten) posts reserved for different category, following shall be reserved for Sports Persons and Artisans of Excellence (SPAE) :
 - a). Scheduled Caste: 01 (one) post

<u>II. Minimum Educational Qualifications:</u> Class VIII (Eight) passed from any recognized board with valid driving license .

III. Syllabus for written examination:

Written examination shall be of 68 marks, Driving Test for 20 marks and Viva – Voce examination consisting of 12 (twelve) marks.

01.<u>PART I (68 marks)</u>

- (i) The candidates should have the knowledge of the various components and important assemblies of the engine/ gear box etc.
- (ii) The candidates should have knowledge about maintaining the Vehicle Log Book
- (iii) The candidates should have knowledge of Traffic Rules and Signals
- (iv) General Knowledge of national and state importance

02. PART II: Driving Test (20 marks)

The candidates are required to pass the driving test conducted by Officers of Mechanical Cell of the HC, HS & FW department at the designated place in presence of concerned Official from Motor Vehicle Division, Transport Department.

Candidates who shall qualify in the written examination and Driving Test shall be called for Viva-Voce examination in the ratio 1:5 as per the list of merit maintain by the Department Committee. The date of Viva-Voce examination to the shortlisted candidates shall be notified later.

IV. Age Limit:

The candidates should not be below the age of 18 years and over the age of 40 years as on 28. 02. 2019.

V. Required documents:

- (i) Sikkim Subject Certificate/ Certificate of Identification
- (ii) School Certificate
- (iii) School mark sheet
- (iv) Date of Birth proof
- (iv) Valid Employment Card
- (v) Community/ Category Certificates
- (vi) Valid Driving License
- (vii) Married/ Un Married Certificates for women candidates, as the case may be.

 Married women candidates shall furnish the SSC/ CoI of husband and father both.
- (ix) No Objection Certificate from the concerned HoO/ HoD for in service Candidates
- (xi) SPAE Category Certificate issued/ countersigned by the competent authorities
- (xii) Weaker Section of Society (WSS) Certificate issued by the competent Authorities

<u>VI.</u> Conditions for appointments and mode of examination:

- (i). The mode of examination and setting-up of question-papers shall be both, i.e., conventional type and objectives type MCQs. The candidates are required to answer the objective type MCQs in the OMR Sheets and are required to follow the guidelines provided in the OMR Sheet while answering the questions.
- (ii). The candidates should be able to converse in either one of the languages notified by the Government as State languages
- (iii).Should have enough knowledge about the history and affairs about the state of Sikkim
- (iv). The selection shall be made through open competitive examinations from amongst the eligible candidates.

VII. Instructions for the candidates:

- i) Filled up Application Form in all respects downloaded from the website alongwith the Bank Receipt of Rs. 150/ to be credited under the Receipt Head No. 0210 Medical & Public Health; 01 Urban Health Services; 800 Other Receipts may be submitted on or before 10. 04. 2019 from 10:00 hours to 1600 hours during working days. Application Forms after the stipulated period shall not be entertained. Incomplete Application Form shall not be received. TA/ DA is not admissible.
- **ii)** The documents as prescribed in paragraph V above shall be received from the candidates after they qualify in written examination for scrutiny by the Committee
- Admission at all the stages of examination for which candidates are admitted viz. Written Examination and Interview Test will be purely **provisional** and is subject to satisfying the prescribed eligibility conditions. If, on verification at any stage of the examination process, it is found that candidates do not fulfill any of the eligibility conditions, their candidature for the post will be cancelled without notice.
- **iv)** The Department will not entertain any application on review or RTI/Correspondence till the entire process of recruitment is complete.
- v) Any further instructions/ Corrigendum/ Addendum shall be published for information to all.

Sd/ UNDER SECRETARY TO THE GOVERNMENT
Department of Health Care, Human Services & Family Welfare



GOVERNMENT OF SIKKIM HEALTH CARE HUMAN SERVICES AND FAMILY WELFARE DEPARTMENT GANGTOK-737 101

Signed photo

APPLICATION FORM (Write in <u>CAPITAL</u> letters only)

1.	Post Applied for:								-	
2.	Bank Receipt No.& Date:						Amount :			
3. Name of the Candidate: First Name										
	Middle N	ame								
	Surname									
4.	Father's n	ame:								
	First Nam			Ī	Ī			<u> </u>		
	Middle N	ame								
Surname										
5.	If married, Husband's name: First Name									
	Middle Name									
Surname										
6	Certificate	e of Ider	ntification	n No	•					
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7.	. Employment Card No.									
8.	Gender:	M	ale		Female					
9. Date of birth : Date Month Year										
	D	D	M	M	Y	Y	Y	Y		
10	10. Mobile Number (recent & functional)									
11	11. Category (Mark whichever is applicable)									
	(i). OB(C(CL)								
	(ii). OB	C(SL)								
	(iii).BL									
	(iv). ST									
	(v). SC									
	(vi). PT									
	(vii). W	SS								
12	. Religion	n:								
13	. If alread	ly employ	ved, No C	bjection (Certificat	e from er	nployer:	Yes	No	

DECLARATION

I, hereby declare that all the information given above by me is true and correct. If, the details are found false/fabricated and suppressed at any stage of examination, I am liable to be disqualified for admission to any examination held by the HC,HS& FW Department hereto and in future.

Date:			Signature of the Applicant						
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	eceipt of Rs.150	•	Direct under tre,ric	er w Department t	nong with				
Mr./Ms	./Mrs								
Signatu	re of Receiving	Authority							