

Central Railway

DRM's Office,

Personnel br./SUR

No. SUR/P/Med/Hosp.SW

Date:-19/12/2019

" NOTIFICATION "

CMS/SUR

Sub : Filling up of vacancies of Hospital Safiawala
(HKA), in Level-1 (GP-1800) in Medical Dept.

It has been decided to fill up the vacancies of Hospital Safiawala category through calling willingness from existing Con. S/Wala category in 1800 GP and who the fulfilling following condition;

Communal Requirement: SC-Nil, ST-02, & UR-06 Total 08

Medical Class required 'C-One' & above only

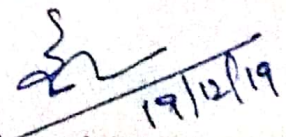
Willingness in prescribed Format of application is hereby called from:

- 1) Existing Con. S/Wala in Level-1 of Medical Department
- 2) They will be placed bellow existing Hospital Safiawala in seniority if considered.

The tentative schedule is as under :

Last Date of submission of application	:	30/12/2019
Publishing list of eligible staff	:	03/01/2020
Result of scrutiny	:	07/01/2020

Post will be filled in as per requirement of Medical Department and seniority/suitability, on willingness of employee. In any condition refusal will not be considered as this posting in Level-1 & is on own willingness.


(Ramesh R Iyer)
Divisional Personnel Officer
Solapur.

DA : Application Format

Copy to: ADMO/DD, KWV,PVR, ANG, WD

Copy to: CHI -SUR, DD, ANG-PB, KWV, PVR, WD-SDB for n/a.

APPLICATION FOR CHANGE OF CATEGORY AS HOSPITAL SAFAIWALA IN MED/DEPT

अधिसूचना संदर्भ : सोला/का/चिकित्सा/अ.सफाईवाला दिनांक 19/12/2019

- 1) Name of Employee : _____
- 2) Designation : _____
- 3) Pay Band + GP : _____
- 4) Pay + GP : _____
- 5) Date of Birth : _____
- 6) Date of Appointment : _____
- 7) Total Service as : YY MM DD
(As Con. S/Wala in Med. Dept only)
- 8) Community/Cast : _____
- 9) Mode of Appointment : _____
- 10) Working under : _____
- 11) Mobile No : _____

Certified that the above furnished information is correct and if found wrong I am responsible for this & I am willing to work as Hospital Safaiawala anywhere on the Division in Medical Department, & If I have been considered for the post of Hos. S/Wala, I will not submit refusal for any reason.

Controlling Supervisor _____

Signature _____

(Cast certificate to be enclosed in extant Format of Central Govt)

No. _____

Office of _____

Date: _____

Forwarded to DRM (P) SUR for further necessary action. Certified that the above staff is not undergoing any DAR Punishment as on date or contemplated against him/her.

Sign of : _____

Depot In charge.

(CMS, ACMS, MS, ADMO, Sr.DMO)