

Central Railway.

D.R.M.'s Office,  
Personnel Branch,  
Solapur.

No. SUR/P/Med/Hos. Attn.

Date:- 18/12/2019

"NOTIFICATION"

CMS/SUR,

Sub : Filling up of vacancies of Hospital Attendant (Hospital Assistant)  
in Level-1 ( GP 1800) in Medical Dept.

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

Required community: SC-NIL, ST-NIL, & UR-04 Total =04

Medical Class required 'B-One' & above only

( Vide RBE No.201/2018 Dt.27/12/2018 )

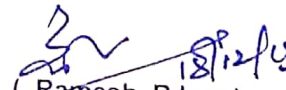
Willingness in prescribed Format of application is hereby called from:

- 1) Existing Hos. S/Wala in Level-1 (Rs. 18000-56900) / GP 1800 of Medical Department who has completed 05 years regular service in Hos. S/Wala category
- 2) They will be placed bellow existing Hospital Attendant in seniority if selected.

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 and as per willingness they will be posted as per requirement of administration. In any condition refusal willnot be considered as this posting in Level-1 & is on own willingness.

  
( Ramesh R Iyer )  
Divisional Personnel Officer  
Solapur

DA : Application Form

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

Copy to-CHI/SUR,DD,KWV,ANG,WD.

APPLICATION FOR CHANGE OF CATEGORY AS HOSPITAL ATTENDANT-  
(Hospital Assistant) IN MED/DEPT ..

Ref : Notification No. SUR/P/Med/Hos. Attn. dated 18/12/2019

- 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 Hos. S/Wala 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.

Controlling Supervisor \_\_\_\_\_

Signature  
\_\_\_\_\_

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

No. \_\_\_\_\_

Office of \_\_\_\_\_

Date : \_\_\_\_\_

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

Sign :

Depot In charge.