

OFFICE OF THE CHIEF MEDICAL SUPERINTENDENT
J.N. MEDICAL COLLEGE HOSPITAL, ALIGARH MUSLIM UNIVERSITY,
ALIGARH.

Principal & C.M.S.

D. No. 687 /MCH


Dated: 23/05 2026

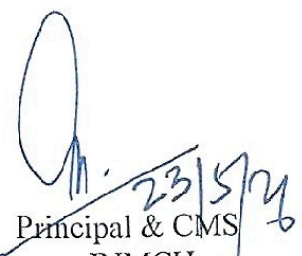
NOTICE

Applications are invited with application form (Annexure-1) for the posts of Nursing Officer (on fixed salary) in the J.N. Medical College Hospital through a screening committee.

| S.No. | Post | No. of post available | Essential qualifications | Upper age limit | Salary per month | Desirable |
|-------|-----------------|-----------------------|--|-----------------|--------------------|--|
| 1. | Nursing Officer | 10 | 1. Diploma in General Nursing & Midwifery/ B.Sc. Nursing / Post basic B.Sc. Nursing degree from recognized Institution 2. Registered as Nurse and Midwife at state Nurse & Midwives Registration Council, by whichever name constituted, by the respective State Government. | 40 years | Rs.19,350/- p.m | 1. Computer knowledge 2. One-year experience of work in relevant field. |

Interested candidates may apply on or before 08.06.2026 in the office of the Medical Superintendent. Duly filled Application form (Annexure-1) should be submitted along with one recent photograph and self-attested copies of relevant qualifications and experience certificates.


Medical Superintendent
J.N. Medical College Hospital
A.M.U., ALIGARH


Principal & CMS
J.N. Medical College & Hospital
A.M.U., Aligarh

J.N. MEDICAL COLLEGE & HOSPITAL, AMU, ALIGARH

Annexure-1

Application Form

PHOTOGRAPH
(Self Attested)

Advertisement No. _____ dated _____

Post Applied for: _____

| S. No. | Particular | Details | | | |
|--------|--|-------------------------------|----------|--------------|------------|
| 1 | Name (As on High School certificate) | | | | |
| 2 | Father's Name | | | | |
| 3 | Date of Birth | | | | |
| 4 | Sex | | | | |
| 5 | Mobile Number | | | | |
| 6 | Email ID | | | | |
| 7 | Residential Address of the Applicant | | | | |
| 8 | Identification ID No.: (Aadhar/PAN/Voter ID) with attachment | | | | |
| 9 (a) | Qualification | University/Board/ Institution | Subjects | Passing Year | % of Marks |
| | | | | | |
| | | | | | |
| | | | | | |
| 9 (b) | Experience : | | | | |

Note: Attach self attested photocopies of all the relevant certificates/documents. More rows may be added if required

I hereby solemnly declare that entries made by me in the above columns are true to the best of my knowledge and belief and if at any entry is found incorrect, suitable disciplinary action may be taken against me.

Signature of the Candidate 