

दक्षिण पश्चिम रेलवे

SOUTH WESTERN RAILWAY

मंडल कार्यालय/ Divisional Office,
कार्मिक शाखा/ Personnel Department,
मैसूर/ Mysuru-570001,
दिनांक/ Dated:10.02.2020

No. Y/P.535/VIII/ Hospital Attendants

CMS/RH/MYS, ACMS/RH/MYS
Sr.DMO/ AP, ASK, HRR, SKLR, KBPR, SMET,
CHI/Dn/MYS, Col/MYS, AP, ASK, HRR, SKLR, KBPR, SMET

Sub : Filling up of vacancies of Hospital Attendants in
scale Rs.5200-20200-1800(GP)-LEVEL-1, in Medical
Department/MYS DN

It is proposed to fill up 11(Eleven) vacancies of Hospital Attendants in scale
Rs.5200-20200-1800(GP)-LEVEL-1, in Medical Department/MYS DN.The breakup of
vacancies are **SC-01,ST-01, UR-09,Total-11.**

Volunteers are called for from among Safaiwalas working in pay band
Rs.5200-20200-1800 -Level-1 in Medical Department,Mys dn.

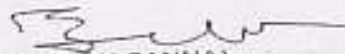
The volunteers will be subjected to a suitability test for the post of Hospital
Attendants in scale Rs.5200-20200-1800(GP)-LEVEL-1.

The option once exercised for the post of Hospital Attendants is final and the
employees who are selected and posted as of Hospital Attendants in scale Rs.5200-
20200-1800(GP)-LEVEL-1, in Medical Department/MYS DN, will seek further promotions
in the avenue provided for Hospital Attendants.

The staff selected as Hospital Attendants will be posted any where in MYS DN. and
only those employees willing to carryout the transfers if any, need to apply.

The staff working under your control may be notified and the applications received
in the proforma enclosed may be forwarded to this office in one bunch on or before
06.03.2020.

ENCL:PROFPRMA


(M.G.MATAGANNA)
मं का धि II / मैसूर / DPO / I / MYS
for Sr.DPO/MYS

Copy: CHOS/MED.Divl.Secy/SWRMU, AISC&STREA,
AIOBCREA/MYS Dn.
Notice Board

APPLICATION FOR THE POST OF Hospital Attendants IN PAY BAND
RS.5200-20200-1800 -Level-1 MEDICAL DEPARTMENT/MYS.DN.

1. NAME :
2. DESIGNATION :
3. STATION :
4. P.F.NO. :
5. PAY BAND :
6. DATE OF BIRTH :
7. DATE OF APPOINTMENT :
8. WHETHER BELONGS TO SC/ST/UR :
9. EDUCATIONAL QUALIFICATION :

SIGNATURE OF THE EMPLOYEE
OFFICE OF:

PLACE :
DATE :

Forwarded to Sr.DPO/MYS with reference to letter No. Y/P.535/VIII/ Hospital Attendants dated.10.02.2020.

SIGNATURE OF THE SUPERVISORY OFFICIAL
WITH NAME & DESIGNATION AND SEAL

STATION:
DATE :