To
The CMO I/c (M&HS)
Burnpur Hospital
SAIL- IISCO Steel Plant

## **Letter of Undertaking**

Dear Sir,									
In respons	e to the advertise	ment No:							
dated		I,			d	aughter	/	son	of.
		,				J	,		
								reside	nt
of		do	hereby	submit	my	application	for	engagement	of
Proficiency	y Trainee Parame	dics in IISCO Steel Pl	lant, Burn	pur Hos	pital				

- 1. I do hereby undertake that:
  - a. I am willing to take up the engagement at SAIL-ISP Burnpur Hospital for which the selection is being made on the basis of walk-in interview.
  - b. I agree to accept payment of consolidated remuneration at the stipulated rates mentioned in the advertisement, which shall be made from the date of my engagement as Proficiency Trainee Paramedics.
  - c. I understand that my engagement as Proficiency Trainee Paramedics does not entitle me to claim for permanent employment in SAIL-ISP in any post, whatsoever.
  - d. That during the period of engagement, I shall attend to such activities as are expected from me with due diligence and standard of care and follow all instructions of the IISCO Steel Plant Hospital authorities in that regard.
  - e. The assignment shall be terminable by giving one month notice from either side.
- 2. In respect of all matters for which no specific provision has been made herein, the decision of the SAIL-ISP authority in respect of the concerned matter will be final and binding.
- 3. Any violation of rules and discipline or any activity causing disruption to the Burnpur Hospital working or bringing disrepute to Burnpur Hospital/organisation shall be punishable or shall result in termination of my engagement-
- 4. ISP reserves the sole authority to accept OR reject my candidature for Proficiency Trainee Paramedics in SAIL-ISP- Burnpur Hospital and the decision of ISP in this regard is final and binding.

I have read and understood the above terms & conditions governing engagement of Proficiency Trainee Paramedics at SAIL-ISP Burnpur Hospital and agree to abide by them.

Yours faithfully,

Date	No: :	( Name:	-
Tiucc	•	 	

## STEEL AUTHORITY OF INDIA LIMITED IISCO STEEL PLANT

## APPLICATION FORMAT FOR ENGAGEMENT OF PROFICIENCY TRAINEE PARAMEDICS AT IISCO STEEL PLANT, (ISP),HOSPITAL

(WALK-IN-INTERVIEW)

AFFIX
PASSPORT SIZE
SELF ATTESTED
COLOUR
PHOTOGRAPH

Name of the Applicant (IN FULL/CAPITAL) Father's Name  Aadhaar Card No. Category (GEN/SC/ST/OBC-NCL/EWS/PwBD/ESM)  If PwBD, nature and degree of Disability  Gender (Male / Female / Others)  Marital Status  Present / Correspondence Address  Present / Address (if different from Present Address)  Address)  Mobile No.  Name of the Applicant (IN FULL/CAPITAL)  Address of Nationality & Religion  P Date of Birth odd mm yyyyy  PIN CODE PIN			1									
Father's Name  Aadhaar Card No.  Category (GEN/SC/ST/OBC-NCL/EWS/PwBD/ESM)  If PwBD, nature and degree of Disability  Gender (Male / Female / Others)  Marital Status  Present / Correspondence Address  Permanent Address (if different from Present Address)  Mobile No.	1	POST APPLIED FOR										
4 Aadhaar Card No. 5 Category (GEN/SC/ST/OBC-NCL/EWS/PwBD/ESM) 7 If PwBD, nature and degree of Disability 8 Gender (Male / Female / Others) 10 Marital Status 11 Present / Correspondence Address 12 Permanent Address (if different from Present Address) 13 Mobile No.	2	Name of the Applicant (IN FULL/CAPITAL)										
5 Category (GEN/SC/ST/OBC-NCL/EWS/PwBD/ESM) 6 Nationality & Religion 7 If PwBD, nature and degree of Disability 8 Gender (Male / Female / Others) 10 Marital Status 11 Present / Correspondence Address  PIN CODE   PIN CODE     PIN CODE   PIN CO	3	Father's Name										
Religion		Aadhaar Card No.										
7 If PwBD, nature and degree of Disability  8 Gender (Male / Female / Others)  10 Marital Status  11 Present / Correspondence Address  PIN CODE	5	Category (GEN/SC/ST/OBC-NCL/EWS/PwBD/ESM)			6 N	Vation	ality	&				
8 Gender (Male / Female / Others) 10 Marital Status 11 Present / Correspondence Address  PIN CODE Permanent Address (if different from Present Address)  13 Mobile No.					Rel	igion						
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Male / Female / Others)	8	Gender	9 D	ate of E	Birth		dd		mm		VV	VV
11 Present / Correspondence Address  PIN CODE                  12 Permanent Address (if different from Present Address)  13 Mobile No.		(Male / Female / Others)										
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13 Mobile No.	12	Permanent Address (if different from Present								•		
		Address)										
14 e-mail ID	13	Mobile No.										
	14	e-mail ID										

## 15. Educational Qualification (As on 19/04/2025):

	Name of the	Year of	Major cubiocto /	1		
Qualification		rear or	Major Subjects /	Class / Division	Percentage of	
Qualification	Institute/College	passing	Major subjects / Specialization	Class/ Division		
	University			& No. of attempts	Marks obtained	
Matriculation						
+2 or Equivalent						
Graduation						
Diploma						
Other						

16. Work Experience(if an	ıy):								
Name of the Medical College/Hospital/Institute / Organisation		Position Held / Designation	Held / exper		of years in perience		То	e: (1)	ature of ngagement NOC in case ttached to Govt. Tospital)*
* To be supported by C	ertificat	 e from Hospit	al / l	nstitute.					
17. Valid Registration Cer	tificate o	f	– YE	S / NO (	as aı	pplicable	)		
Registration No:  State  Name of the Issuing Authority						valid upto			
18. Whether presently en	nployed	engaged in a	ny P	SU/Autor	nomo	ous body/	Govt. D	eptt. (YE	S/NO).
Name of PSU/ Autonomous body/Govt. Deptt.	Position Designa		Fron	n	To Reasons for Leaving				aving
I agree to the terms and co	nditions	givon in the a		LARATIO		. No		dat	tod .
and state that all the inforcerrect. In case of any decunable to produce/ submit any stage of the selection prinformation/ documents by Paramedics is liable to be to Place: Burnpur	rmation laration relevant process o peing fou	given by me and/or docur documents a or thereafter.	in the nents t the I ur se at	nis applic s attached time of in nderstand	cation d hen nterv	n form an rewith are riew my ca t in the ev	d its e found andidat ent of	nclosure to be fa ure may any of m	s are true and ilse and if I am be cancelled and by statements
Date:							Full Si		f the Applicant Tthe Applicant)

Note: Please attach self-attested photo copies of all documents mentioned in the detailed advertisement