**PSYCHOLOGIST (Grade 1)**

**EDUCATIONAL QUALIFICATIONS.**

Masters degree in Clinical Psychology/Applied Psychology/Sports Psychology/Developmental/Child Development from a recognized Indian or Foreign University

**Remuneration:**

|  |  |  |
| --- | --- | --- |
| DESIGNATION | GRADE | REMUNERATION |
| Psychologist | Grade 1 | Rs. 40000/- to Rs 60,000/- |

**age Limit**:The candidate must not have attained 35 years of age as on the closing date of advertisement.

**DOCUMENTS REQUIRED:**

Self attested scanned/Xerox copy of original documents of the following be submitted via email at [KISCEKOHIMA@gmail.com](mailto:KISCEKOHIMA@gmail.com) or hard copy sealed and submit to the Directorate of Youth Resources and Sports during office hours. Documents without self attested will not be accepted. Last date of form submission 27th September 2022 till 4:00 pm

1. **DEGREE AND MARKSHEET:**

The certificate uploaded must be one issued by the Competent Authority (i.e. University or other examining body) awarding the particular qualification.

Masters degree in Clinical Psychology/Applied Psychology/Sports Psychology/Developmental/Child Development from a recognized Indian or Foreign University

1. **WORK EXPERIENCE IF ANY**

**Documents claiming work experience must clearly mention the following:**

* 1. Name of the establishment
  2. Signature competent authority/issuing authority clearly stating their position of authority in the organization.
  3. Duration of work experience.
  4. The field in which the candidate has worked or the post held in the establishment.

1. **OTHER DOCUMENTS:**
2. Proof of Date of birth: Aadhar Card/10th class mark sheet/12th class mark sheet.
3. Recent passport size color photograph.
4. Scanned copy of No Objection Certificate from their present employer, in case working in Central/ State Government/ Autonomous Organizations.

For further details kindly contact

Shri William Koso

High Performance Manager,Khelo India State Centre of Excellence (KISCE) Nagaland 9862835381 email : [KISCEKOHIMA@gmail.com](mailto:KISCEKOHIMA@gmail.com)

**Government of Nagaland**

Attach 1 colour passport

**Department of Youth Resources and Sports**

Billy Graham Road, Ziekiezou, Kohima 797001, Nagaland

**Application form for the post PSYCHOLOGIST (Grade 1)**

**KISCE Kohima**

|  |  |  |
| --- | --- | --- |
| 1 | N**ame of the Applicant** |  |
| 2 | **Age & Date of Birth** |  |
| 3 | **Sex** |  |
| 4 | **Nationality** |  |
| 5 | **Permanent Address** |  |
| 6 | **Address of Correspondence** |  |
| 7 | **Telephone (Landline/Mobile)** |  |
| 8 | **Email Address** |  |
| 9 | **Educational Qualification** | **Educational**  **Professional** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | **Total Year of Experience as on date Year………………………...**  **Months ……………. ……** | | | |
|  | Name of the Institution | Period | Designation | Role and Responsibilities |
| **I** |  |  |  |  |
| **II** |  |  |  |  |
| **III** |  |  |  |  |
| **IV** |  |  |  |  |
| **V** |  |  |  |  |
| **11.** | Achievements : | | | |

## DECLERATION

I do hereby declare that all the statement made in this application are true, competent and correct to the best of my knowledge and belief. I understand that in the event of any particular information given above being found false or incorrect, my candidature for the post is liable to be rejected and my services are liable to be terminated forthwith any notice tome.

Place:

Date:

Signature & Name of the Applicant

**PHYSIOTHERAPIST (Grade 1)**

Essential Educational Qualifications.

Masters in Physiotherapy from any recognized Indian or Foreign University.

Essential Work Experience.

Minimum 3 years of work experience as Physiotherapist.

**DOCUMENTS REQUIRED:**

Self attested scanned/Xerox copy of original documents of the following be submitted via email at [KISCEKOHIMA@gmail.com](mailto:KISCEKOHIMA@gmail.com) or hard copy sealed and submit to the Directorate of Youth Resources and Sports during office hours. Documents without self attested will not be accepted. Last date of form submission 27th September 2022 till 4:00 pm

**DEGREE AND MARKSHEET:**

The certificate uploaded must be one issued by the Competent Authority (i.e. University or other examining body) awarding the particular qualification.

Masters in Physiotherapy from a recognized Indian or Foreign University.

**WORK EXPERIENCE IF ANY**

Documents claiming work experience must clearly mention the following :

Name of the establishment

Signature competent authority/issuing authority clearly stating their position of authority in the organization.

Duration of work experience.

The field in which the candidate has worked or the post held in the establishment.

**OTHER DOCUMENTS**

Proof of Date of birth: Aadhar Card/10th class mark sheet/12th class mark sheet.

Recent passport size color photograph.

Scanned copy of No Objection Certificate from their present employer, in case working in Central/ State Government/ Autonomous Organizations .

**age Limit:-**The maximum age shall not be more than 45 years on the last date of receipt of applications.

**Remuneration:**

|  |  |  |
| --- | --- | --- |
| DESIGNATION | GRADE | REMUNERATION |
| Physiotherapist | GRADE I | Rs. 40,000—60,000/- |

For further details kindly contact

Shri William Koso

High Performance Manager,Khelo India State Centre of Excellence (KISCE) Nagaland 9862835381 email : KISCEKOHIMA@gmail.com

**Government of Nagaland**

Attach 1 colour passport

**Department of Youth Resources and Sports**

Billy Graham Road, Ziekiezou, Kohima 797001, Nagaland

**Application form for the post PHYSIOTHERAPIST (Grade 1)**

**KISCE Kohima**

|  |  |  |
| --- | --- | --- |
| 1 | N**ame of the Applicant** |  |
| 2 | **Age & Date of Birth** |  |
| 3 | **Sex** |  |
| 4 | **Nationality** |  |
| 5 | **Permanent Address** |  |
| 6 | **Address of Correspondence** |  |
| 7 | **Telephone (Landline/Mobile)** |  |
| 8 | **Email Address** |  |
| 9 | **Educational Qualification** | **Educational**  **Professional** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | **Total Year of Experience as on date Year………………………...**  **Months ……………. ……** | | | |
|  | Name of the Institution | Period | Designation | Role and Responsibilities |
| **I** |  |  |  |  |
| **II** |  |  |  |  |
| **III** |  |  |  |  |
| **IV** |  |  |  |  |
| **V** |  |  |  |  |
| **11.** | Achievements : | | | |

## DECLERATION

I do hereby declare that all the statement made in this application are true, competent and correct to the best of my knowledge and belief. I understand that in the event of any particular information given above being found false or incorrect, my candidature for the post is liable to be rejected and my services are liable to be terminated forthwith any notice tome.

Place:

Date:

Signature & Name of the Applicant: