



निर्देशक (एनिम्स) का कार्यालय  
OFFICE OF THE DIRECTOR (ANIIMS)  
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान  
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES  
अण्डमान तथा निकोबार प्रशासन  
Andaman & Nicobar Administration

**APPLICATION FOR RENEWAL OF CONTRACT- Staff Nurse**

Name: ..... Department: .....  
Designation: ..... Current Monthly Salary: .....  
Date of Birth: ..... Qualification: .....  
Date of Duty Joining: ..... Date of Contract Expiry: .....  
Permanent Address: .....  
.....  
Email Id: ..... Mobile No. ....

.....  
Signature of Staff

**Assessment by Reporting Authority:** .....

**Recommendation of Reporting Authority:** *Contract to be renewed/ Contract to be terminated/ Other Recommendations if any*.....

**Remarks by Medical Superintendent:** .....

Contract to be renewed/ Contract to be terminated

Director ANIIMS