GOVERNMENT OF NAGALAND DEPARTMENT OF SOCIAL WELFARE MISSION VATSALYA NAGALAND: KOHIMA

NO.SW/MV/STAFF/NIC/2024

Dated,18th September 2025

ADVERTISEMENT

In pursuance to the Government Approval letters NO. SW/ICPS/ENG/2/2025 /(Pt)/573 dated, 12.09.2025 applications are invited from candidates who are Indigenous Inhabitants of Nagaland for filling up the following posts of the Centrally Sponsored Schemes (CSS) on engagement basis under Mission Vatsalya - Department of Social Welfare Nagaland.

The vacancies are for the following Districts:- Dimapur, Chumoukedima Tuensang, Shamator, Noklak, Phek, Wokha, Mokokchung, Peren, Zunheboto, Longleng, Kiphire and Tseminyu .

SL. NO	NAME OF THE POST	NUMB ER OF POST	REMUNERAT ION	REQUIRED QUALIFICATION
1	One (1) Manager/ coordinator	13		Graduate in Social Work /Sociology/Psychology/ Public Health/ Counselling from a recognized university. OR PG Diploma in Counselling and Communication. At least 2 years of working experience with the Govt./NGO in the field of Women &Child Development. Proficiency in Computers. Diploma Certificate in Computer Applications from a recognized Institute
2	One (1) Social worker	13	₹18,536/- per month	Graduate in B.A in Social Work/ Sociology/ Social Sciences from a recognized university. With one year work experience in the field of Women &Child Development. Proficiency in Computers Diploma Certificate in Computer Applications from a recognized Institute.
3	One (1) Nurse	13	₹9,930/- per month	ANM & Dhai With one year work experience.
4	Post for six (6) Ayahs	78	₹7944/- per month	Class VIII (Eight) pass
5	one (1) Chowkidar	13	₹7944/- per month	Class VIII (Eight) pass

Terms & Conditions:

1. Application format can be obtained/downloaded from the Department's Website (dsw.nagaland.gov.in) and should be submitted to the Mission Vatsalya office,

Directorate of Social Welfare, Below NBCC Convention Center, Kohima, Nagaland on or before 15th October till 2:00 pm. No separate intimation letter will be sent to the candidates

- 2. State Government employees are required to furnish "No Objection Certificate" duly signed by the Head of the Department.
- 3. The Application should be submitted along with the following documents:
 - i. Birth Certificate & Aadhaar Card.
 - ii. Mark Sheets & Admit Cards from Class 10 onwards.
 - iii. Latest Indigenous Inhabitant Certificate and Scheduled Tribe certificate issued by the competent authority.
 - iv. Unemployment Registration Card.
 - v. Work Experience Certificate.
 - vi. Permanent Residential certificate
 - vii. Computer Certificate
- 4. The admit card/registration shall be issued at the time of submission of the form.
- 5. Age as on 01/04/2025

Minimum: 21 Years Maximum: 35 years

- The age relaxation of the in-service shall be as per the existing norms of the State Government.
- 6. The vacancies are for the following districts Dimapur, Chumoukedima Tuensang, Shamator, Noklak, Phek, Wokha, Mokokchung, Peren, Zunheboto, Longleng, Kiphire and Tseminyu
- 7. Vacancies for sl. No 4 and sl.no 5 are strictly for permanent residents of the above-mentioned districts only.
- 8. If it is detected at any stage of the recruitment process, that a candidate does not fulfill the Eligibility Norms and/or that he/she has furnished incorrect/false information or has suppressed any material fact(s), his/her candidature shall summarily be rejected.
- 9. Venue and Time of the interview shall be intimated in due course of time through the Department's website.
- 10. The name of the shortlisted candidates and date of Oral Interview shall be displayed on the office notice board and the Department's website.
- 11. The Posts are under Centrally Sponsored Schemes (CSS) and Co-Terminus with the scheme.
- 12. An amount of ₹200/- shall be charged as Application/Exam fee to be paid during submission of the application.
- 13. The engagement is not liable for regularization.
- 14. The decision of the Department in all matters regarding eligibility, conducting of Interview would be final and binding on all candidates. No representation or correspondence shall be entertained by the Department in this regard. The Department reserves the right to cancel/withdraw/amend this advertisement at its sole discretion without assigning any reason.

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APPLICATION FORM

2Nos

(FOR THE POST OF MANAGER / COORDINATOR)

1	. Name of the applicant	:			
	(In Block Letters)				
2	. Aadhaar Details	:			
3	. Father's Name	:			
4	. Date of Birth	:			
5	. Sex	:			
6	. Tribe	:			
7	. Unemployment Registration Number	:			
8	. Educational Qualification (Enclose Admit Card/Marksheets /Pass Certificate)	:			
9	. Work Experience (Enclose Work experience certificate)	:			
1	Computer Proficiency (Enclose Diploma Certificate from a Recognized institute)	:			
1	1. Permanent Address	:			
1	2. Full Postal Address and Contact No.	:			
1	3. Enclose Additional Documents ST, Indigeneous Certificate, Permanent F	Residential Certificate, Aadhaar Card, DOB			
(I hereby declare that all the statements made in this application are true, complete an correct to the best of my knowledge and belief. In the event of any information being false concept or ineligibility detected before or after the examination, I am liable to be disqualified.				
Date		Signature:			
Place	<u>:</u>	-			
1 1400	· ·	Contact Number:			

 Name of the applicant (In Block Letters) Affix recent colour passport size

2Nos

APPLICATION FORM

(FOR THE POST OF SOCIAL WORKER)

	2.	Aadhaar Details	:	
	3.	Father's Name	:	
	4.	Date of Birth	:	
	5.	Sex	:	
	6.	Tribe	:	
	7.	Unemployment Registration Number	:	
	8.	Educational Qualification (Enclose Admit Card/Marksheets /Pass Certificate)	:	
	9.	Work Experience (Enclose Work experience certificate)	:	
	10.	Computer Proficiency (Enclose Diploma Certificate from a Recognized institute)	:	
	11.	Permanent Address	:	
	12.	Full Postal Address and Contact No.	:	
		Enclose Additional Documents ST, Indigeneous Certificate, Permanent Residenti	ial Certificate, Aad	dhaar Card, DOB
best	reby	Declaration declare that all the statements made in this ap my knowledge and belief. In the event of lity detected before or after the examination	any information	being false or incorrect or
_				
Dat	e:			Signature:
Pla	ce:			Contact Number:

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2Nos

APPLICATION FORM

(FOR THE POST OF NURSE)

1.	Name of the applicant	:
	(In Block Letters)	
2.	Aadhaar Details	:
3.	Father's Name	:
4.	Date of Birth	:
5.	Sex	:
6.	Tribe	:
7.	Unemployment Registration Number	:
8.	Educational Qualification (Enclose Admit Card/Marksheets /Pass Certificate)	:
9.	Work Experience (Enclose Work experience certificate)	:
10.	Permanent Address	:
11.	Full Postal Address and Contact No.	;
12.	Enclose Additional Documents ST, Indigeneous Certificate, Permanent Resid	dential Certificate, Aadhaar Card, DOB
I hereb best of	•	s application are true, complete and correct to the of any information being false or incorrect or I am liable to be disqualified.
Date:		Signature:
Place:		Contact Number:

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2Nos

APPLICATION FORM

(FOR THE POST OF AYAHS)

1.	Name of the applicant	:
	(In Block Letters)	
2.	Aadhaar Details	:
3.	Father's Name	:
4.	Date of Birth	:
5.	Sex	:
6.	Tribe	:
7.	Educational Qualification (Enclose Cumulative Record Academic Documents)	:
8.	Permanent Address	:
	(Enclose Permanent Residential Certificate of the	
	district mentioned in the advertisement)	
9.	Full Postal Address and Contact No.	:
10	. Enclose Additional Documents ST, Indigenous Certificate, Aadhaar Card, DC	DB
11	. Declaration	
correct	by declare that all the statements made in to the best of my knowledge and belief. In orrect or in eligibility detected before or a lified.	the event of any information being false
.		
Date:		Signature:
Place:		Contact Number:

1. Name of the applicant

(In Block Letters)

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APPLICATION FORM

2Nos

(FOR THE POST OF CHOWKIDAR)

:

2.	Aadhaar Details	:	
3.	Father's Name	:	
4.	Date of Birth	:	
5.	Sex	:	
6.	Tribe	:	
7.	Educational Qualification (Enclose Cumulative Record Academic Documents)	;	
8.	Permanent Address Dat	:	
	(Enclose Permanent Residential Certificate o		
	mentioned in the advertisement)		
9.	Full Postal Address and Contact No.	:	
10.	. Enclose Additional Documents		
	ST, Indigenous Certificate, Aadhaar Card	I, DOB	
11	. Declaration		
correct	to the best of my knowledge and belie prrect or in eligibility detected before	le in this application are true, complete f. In the event of any information being or after the examination, I am liable to	false
Date:		Signature:	
Place:		Contact Number:	

Serial No:			

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APPLICATION FORM

2Nos

Date:

Date: Signature:

Place: Contact Number: