

**Annexure-2**

**Application for Residential Course in Professional Midwifery for GNM/BSc Nurses (in service regular / contractual Staff Nurses under DME, TVVP and DPH&FW only)**

1. Full Name of Applicant (Block Letters): \_\_\_\_\_

2. S/o, D/o, W/; \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Sex (Male/Female): \_\_\_\_\_

5. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

6. Native District: \_\_\_\_\_

7. Marital Status (Married/Unmarried): \_\_\_\_\_

8. Community Status: SC / ST / BCA / BCB / BCC / BCD / BCE / OC

9. Category details

\_\_\_\_\_

10. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Paste Passport Size  
photo with  
attestation by  
Gazetted Officer Here

Signature

11. Address for Correspondence (if different from Permanent Address):

\_\_\_\_\_

12. Phone Number

(Mobile/Home): \_\_\_\_\_

13. Email

ID: \_\_\_\_\_

14. Educational Qualifications (starting from Inter / 12<sup>th</sup> standard):

Sr. No.	Educational Qualification	Year of passing	University/ Board	Maximum Marks	Marks Obtained	%age

Work Experience:

15. \_\_\_\_\_

15.a. Work Experience in Labour Room (No. of Months): \_\_\_\_\_

15.b. Date of Entry into service: \_\_\_\_\_ Date of Regularization of Service: \_\_\_\_\_

Sr. No.	Place of posting	Designation	Duration		Total Period
			From	To	
<b>Major Roles/Responsibilities:</b>					

16. Languages known:

<u>S.no</u>	<u>Language</u>	<u>Read (Y/N)</u>	<u>Write(Y/N)</u>	<u>Speak(Y/N)</u>

17. Training and workshops attended:

S.NO	TOPICS	INSTITUTION / ORGANISATION
1		
2		
3		

**18. Written Statement:** On a separate piece of paper that has your name and date of birth in the top right corner, or typed into the space below, please include a short statement (Maximum of 300 Words) that describes your motivation to join the training program in Nurse Practitioner Midwife and serve the mothers of the state.

### 19. References

Please provide the contact information for 2 professional references that can attest to your abilities and personal qualities.

#### **Reference 1:**

Full Name of

Reference: \_\_\_\_\_

Designation of the Reference: \_\_\_\_\_

Name of the Institute: \_\_\_\_\_

How do you know the Reference: \_\_\_\_\_

Phone Number of Reference: \_\_\_\_\_

Email of Reference: \_\_\_\_\_

**Reference 2:**

Full Name of Reference: \_\_\_\_\_

Designation of the Reference: \_\_\_\_\_

Name of the Institute: \_\_\_\_\_

How do you know the Reference: \_\_\_\_\_

Phone Number of Reference: \_\_\_\_\_

Email of Reference: \_\_\_\_\_

**Declaration**

I \_\_\_\_\_ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, I understand that my candidature shall be liable to be rejected.

**(Signature of the Applicant)****Place:****Date:****General Conditions:**

- Candidates must be Indian National
- This application is to be considered for entry into 18-month residential course for Nurse Practitioner Midwifery that is being run by the National Health Mission.
- Selected candidates are expected to commit 5 years to work in labour rooms and/or teaching midwifery at any location in the state after completion of the program and be willing to serve at least for 5 years.
- A certification exam will be conducted to test candidate skills and competency towards the end of training. Depending on the results, a candidate may need to undergo additional training to fulfill the criteria for being hired and receiving salary benefits.
- Applications containing wrong claims relating to basic qualification/eligibility wise/ age/ educational qualification and other basic eligibility criteria will be liable for rejection.
- Telangana Health Department will not be responsible for any consequences arising out of furnishing of incorrect and incomplete details in the application or omission to provide the required details in the application forms.
- Management will not be responsible for delayed receipt / non-receipt of applications.
- Candidates belonging to SC/ST/OBC/ category should enclose a copy of the certificate issued by the Competent Authority to that effect. etc.
- As mentioned, all applications will be subject to a screening process and shortlisted candidates may need to undergo a written/practical examination and interview (to assess knowledge and personal motivation).
- All essential documents will be verified on the day of the written examination.
- Please note that 31<sup>st</sup> August, 2020 shall be taken as the reference date for computing experience, age, qualification etc.
- Preference will be given to those candidates who are working in Aspiration District and Tribal Districts.

**Additional Items of Note:**

- Being called for the interview is not an absolute assurance of being selected.
- Telangana State Health Department reserves the right to fill up (or) cancel the Notification published.
- Any attempt by the candidate, either directly or indirectly to influence the Selection Committee or other authorities will disqualify the candidate for the post.