

## Annexure-2

### Application for Residential Course in Nurse Practitioner Midwife for GNM/BSc Nurses (In service or Contractual staff nurses under TVVP 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

15. Work Experience: \_\_\_\_\_

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

15.b. Date of Entry into service: \_\_\_\_\_ Date of Regularisation 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 a 18 month residential course for Nurse Practitioner Midwife 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 sign a bond for Rs. 1.00 lakh.
- 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:**

- Costs associated with traveling for the interview can be claimed from NHM funds O/o CH&FW, Hyderabad .
- Being called for the interview is not an absolute assurance of being selected.
- Selected candidates are welcome to live with their families in housing of their choosing, but accommodation and boarding would not be covered with additional funds if this is the case, although stipends/salary can certainly be used for this purpose.
- 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.

**How to Apply:**

Application in the prescribed format, duly filled along with a set of attested photocopies of the updated resume, relevant certificates for proof of educational, professional and work qualifications along with proof of active nursing registration, category (if applicable) and affixing passport size photograph & signature at the space provided. All of the following should be sent in a sealed envelope addressed to the Commissioner of Health and Family Welfare Hyd, as per the address below or through email at (jdmhnts19@gmail.com). In addition to the address, you must clearly state "Application for NURSE PRACTITIONER MIDWIFE COURSE" at the center top of the envelope so your application materials can be sorted correctly.

**The address is as follows:**

TO  
JOINT DIRECTOR -MATERNAL HEALTH,  
COMMISSIONERATE OF HEALTH AND FAMILY WELFARE  
DM&HS CAMPUS, SULTAN BAZAR,  
KOTI, HYDERABAD,  
TELANGANA -500095