

## Annexure-2

### Application for Residential Course in Nurse Practitioner Midwife for GNM/BSc Nurses

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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	% of Marks

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

Paste Passport Size  
photo with  
attestation by  
Gazetted Officer  
Here

Signature

Sr. No.	Place of Work	Designation	Duration		Total Period
			From	To	

**Major Roles/Responsibilities:**

16. Languages known:

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

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 Midwifery and serve the pregnant women in 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:**