

Guidelines for Recruitment of Staff Nurses for 18 Months Nurse Practitioner Midwifery Program in Telangana State

The Office of Commissioner, Health and Family Welfare & Mission Director (NHM), invites you to apply for the upcoming, all expenses paid, 18 month residential training program in Nurse Practitioner Midwifery. This program is being implemented through Government Nursing College, Somajiguda and Government Nursing College, Boiguda, Secunderabad in collaboration with Fernandez Health Foundation. The training course is part of an initiative under the National Health Mission (NHM) to improve the delivery of respectful, quality maternal health care across public health facilities.

About the Nurse Practitioner Midwifery Diploma Course and Participants Benefits:

Nurse Practitioner Midwives lead the delivery and pre/post delivery care for the estimated 80% of normal births that take place every day and are more skilled in the detection and referral of complications for the roughly 20% of mothers potentially requiring medical care. With its woman-centered approach and focus on the care of mothers and infants, it has been shown to be an integral part of comprehensive, quality maternal care. The guidelines of International Confederation of Midwives, with which this training is aligned, identifies 7 major competencies that Nurse Practitioner Midwives will be proficient upon completion of the training program in Nurse Practitioner Midwifery.

- **Monthly Remuneration:** The selected candidates will be posted on contractual basis as per National Health Mission norms in government hospitals as listed with a monthly remuneration of Rs.23000/-
- **Duration of Training:** This training is for a period of 18 months (1 year of combined class-room/hands-on training and a 6 month clinical internship)
- **Tuition Fee:** All tuition expenses will be borne by the National Health Mission
- **Boarding and Lodging:** All expenses for accommodation, food and travel will be paid by National Health Mission
- **Location of the Training:** The training will be conducted in the Government Nursing College, Somajiguda, Hyderabad and Government Nursing College, Boiguda, Secunderabad with onsite training at identified facilities in Hyderabad or any other district as per the need.

Eligibility Criteria:

- Minimum educational requirement: GNM or BSc Nursing degree (please provide proof, with a copy of the degree certificate, with application submission)
- Active Nursing registration (please provide proof)
- Female candidates only are eligible for Nurse Practitioner Midwifery (NPM) training.
- Candidates should be below 34 years of age and reservation as per norms.
- At least 2 years of labour room experience in plain areas (preferred) and **one year** of labour room experience in rural/ tribal/ hard-to-reach areas

General Conditions:

- Candidates must be Indian National
- The candidates shall be selected as per NHM norms through District Selection Committee (DSC)
- 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
- Willingness to shift to Hyderabad during the training period and to the training facilities which ever identified.
- Appointment of candidates will be subject to entry into a written undertaking to be stationed/ positioned in the identified facilities
- 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.

- 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/EWS category should enclose a copy of the certificate issued by the Competent Authority to that effect. etc.
- All essential documents will be verified at the DM&HOs Office as per NHM norms.
- Please note that 31st August, 2021 shall be taken as the reference date for computing experience, age, qualification etc.

Additional Items to 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.

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 District Medical and Health Officer, Name of your district. On the envelope, you must clearly state “Application for Recruitment of Staff Nurses for NURSE PRACTITIONER MIDWIFERY DIPLOMA COURSE” at the center top of the envelope so your application materials can be sorted correctly.

The timelines for recruitment in districts

S.No	Activity	Timelines
1	Floating of application on district website and paper notification	05.10.2021
2	Closing date for receipt of applications	15.10.2021
3	Scrutiny and short-listing of applications	18.10.2021
4	Written exam / interviews	20.10.2021
5	Information of recruited candidates to CHFV	22.10.2021
6	Start of training in nurse practitioner midwifery (18 months)	01.11.2021

The address is as follows:

TO
 District Medical and Health Officer,
 _____ District

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 / EWS

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 / 12th standard):

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

Paste Passport Size
photo with
attestation by
Gazetted Officer
Here

Work Experience:

15. _____

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

Major Roles/Responsibilities:

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 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 1

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:

Declaration 2

On being selected, I _____ hereby agree to be stationed in the government health facilities as advertised.

(Signature of the Applicant)

Place:

Date: