

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

15. Work Experience: _____

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 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: