संचालनालय स्वास्थ्य सेवायें
मध्यप्रदेश
को/सेल-3/2019-20/1588 भोपाल दिनांक 12/02/2019
“सर्टिफिकेट कोर्स इन कम्प्यूटरी हेल्थ” हेतु गैर-शासकीय संस्थानों से बी.एस.एस. नर्सिंग उत्तीर्ण महिला आवेदकों के लिये।

**प्रमुख**
हेल्थ एण्ड वेलनेस सेंटर में कार्य समाप्त हेतु 06 माह के “सर्टिफिकेट कोर्स इन कम्प्यूटरी हेल्थ” हेतु गैर-शासकीय संस्थानों से बी.एस.एस. नर्सिंग उत्तीर्ण महिला आवेदकों की ऑनलाइन प्रविष्टि दिनांक 31 जनवरी 2019 को आयोजित की गई।

प्रवेश संबंधी आगामी शेड्यूल इस प्रकार हैः

<table>
<thead>
<tr>
<th>क्र.</th>
<th>दिनांक</th>
<th>विवरण</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04 एवं 05 फरवरी 2019</td>
<td>रिक्तल असेसमेंट- शासकीय नर्सिंग महाविद्यालय जबलपुर, ग.प्र. रिपोर्टिंग समय :- प्रातः 08:00 बजे</td>
</tr>
<tr>
<td>2</td>
<td>08 फरवरी 2019</td>
<td>मेनिट लिस्ट प्रदर्शन एवं प्रोग्राम स्टडी सेंटर का आबंटन</td>
</tr>
<tr>
<td>3</td>
<td>11 फरवरी 2019</td>
<td>• 11 फरवरी 2019 IGNOU द्वारा प्रवेश की अंतिम तिथि हैं।</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• अम्बांड स्वास्थ्य IGNOU का निर्धारित आवेदन फॉर्म एवं IGNOU द्वारा निर्धारित राशि 15000/- (पर्याप्त पद्धति हजार मात्र) का तिमाही खर्च IGNOU जबलपुर (प्रोग्राम स्टडी सेंटर, जबलपुर एवं तिमाही के लिए) एवं IGNOU भोपाल (प्रोग्राम स्टडी सेंटर, उज्जैन, विदिशा, देवास, दत्तात्र, श्रीदुर्गा एवं रायसेन के लिए) के क्षेत्रीय कार्यालय में जमा करना सुनिश्चित करें।</td>
</tr>
<tr>
<td>4</td>
<td>13-14 फरवरी 2019</td>
<td>• अम्बांड आवकित प्रोग्राम स्टडी सेंटर में नियम पुस्तिका में अक्षम दस्तावेज एवं स्थूल बॉन्ड के साथ उपस्थिति में।</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• प्रोग्राम स्टडी सेंटर में भूल दस्तावेजों के साक्षरता उपरान्त प्रवेश संबंधी अंतिम निर्णय लिया जाएगा।</td>
</tr>
</tbody>
</table>

संगम :- शॉर्टी बौंड का प्रारूप एवं आवेदन फॉर्म
(On) Non-Judicial Stamp Paper of Rs. 100/-)

NATIONAL HEALTH MISSION

SURETY BOND

THIS DEED OF BOND IS MADE ON——— DAY OF———-———-2019.

KNOW ALL MEN BY THESE PRESENT THAT WE, Mr./Mrs./Miss__________
S/D/N/W/O Mr./Mrs., ____________ Residing at ____________ (hereinafter called the
"Candidate") and (2) Mr./Mrs./Miss__________ S/D/N/W/O
Mr./Mrs. ____________ residing at ____________ (hereinafter called the
"Surety") do hereby by bound ourselves and our respective heirs executors and
administrators, to the Mission Director, National Health Mission (hereinafter called the
"NHM") on demand Rs. ____________/- in respect of the Candidate's Bridge
Programme (Certificate) in Community Health (hereinafter called the "Programme").

Signed and delivered this ________________ Day of

__________________________

Signature________________________

(Candidate)

__________________________

Signature ______________________

(Surety)

WHEREAS on his/her request, the Competent Authority at State Health
Department/State Health Society has selected the Candidate for the Programme
conducted by the Indira Gandhi National Open University (IGNOU) commencing
from the _____ date of __________ 2019 and offered the candidate with sponsorship for
undergoing the same vide letter of offer dated././.20...

Now the condition of above written bond is that the Candidate (i) shall
successfully complete the Programme, and (ii) shall serve State Health Department/
State Health Society thereafter for a minimum period of three (03) years after
successful completion of the Programme (hereinafter referred to as the "Bond
Period"), whereas if the candidate shall serve State Health Department/State Health
Society thereafter for a minimum period of three (03) years, than then the above
written bond shall lapse otherwise it shall be and remain in full force valid.

That further or in the alternative another condition of the above bond is that if the
Candidate commits any breach of his/her undertakings for whatsoever reasons or in
\textbf{Case he/she fails to complete the Programme successfully and/or serve the State Health Department/State Health Society for the stipulated Bond Period thereafter, he/she and his/her surety shall jointly and severally compensate the State Health Department/State Health Society for IGNOU fee (Covers study materials and counseling fee), boarding and lodging, transport expenses, etc. paid during the Programme period and expenses incurred by it on account of and in connection with the Programme and this amount will be recovered from him/her and/or from his/her surety. However, the total amount recoverable under this clause shall not exceed Rs. \textcolor{red}{\underline{---------/-}} (Rupees \textcolor{red}{\underline{---------/-}} Only).}

Signed jointly and severally by each of us on this \underline{---------/-} day of \underline{---------/-} (month), \underline{---------/-} (year) in the presence of the following witnesses:

\textbf{Witnesses}

1. Signature \underline{---------/-}
   Name \underline{---------/-}
   Signature \underline{---------/-}
   (Candidate)
   Address \underline{---------/-}

2. Signature \underline{---------/-} \hspace{1cm} Signature \underline{---------/-}
   Name: \underline{---------/-}
   Address \underline{---------/-} \hspace{1cm} (Surety)

\textit{Attested by Notary Public}
**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**

**MAIDAN GARHI, NEW DELHI-110 068**

**APPLICATION FORM**

(To be submitted to School of Health Sciences along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

### INSTRUCTIONS

1. Please read the instructions before filling up the form (Appendix 2).
2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals.
3. Write in CAPITAL LETTERS only within box. Leave between words as shown in the example below.
4. Attach relevant certificates with application form.
5. Attach 01 in favour of NOU payable at Delhi (to be paid by MOHFW).

### APPLICATION NO.

Enrolment No. (For Office Use)

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

1. **Name of the Programme Applied:**

2. **Programme Code:**

3. **Medium of Study**
   - A1 English
   - B2 Hindi
   - C3 Others
   - (Write code in the box)

4. **Regional Centre Code:**

5. **Programme Study Centre Code:**

6. **State Code:**

7. a. **Are you registered with NGO?**
   - A1 Yes
   - B2 No
   - (Please write relevant code in the box)
   - If yes, Programme Code:

8. **Name of the Candidate:**

9. **Father/Mother/Husband Name:**
   - (Please write Sr/O or Do for Father/Mother's Name and Wil for Husband's Name)

10. **Address for Correspondence:**
    - (Please do not give POST BOX number. Use Capital Letters and give space between words)
    - a) House No. :
    - b) Street Name :
    - c) Locality/Mohallas:
    - d) Tehsil/District:
    - e) City :
    - f) Pin Code:

11. **Contact Details:**
    - a) Landline No. :
    - b) e-mail ID:
    - c) Mobile No. :
    - Fax, if any:

12. **Date of Birth:**
    - Date :__
    - Month :__
    - Year :__

13. **Nationality**
    - A1 Indian
    - B2 Others, pl. specify

14. **Gender**
    - A1 Male
    - B2 Female
    - C3 Other

15. **Category**
    - A1 General
    - B2 SC
    - C3 ST
    - D4 OBC (Creamy)
    - D4D OBC (Non Creamy)

16. **Area**
    - A1 Urban
    - B2 Rural
    - C3 Tribal

17. **Marital Status**
    - A1 Single
    - B2 Married
    - B3 Widowed
    - B4 Divorced

18. **Religion**
    - A1 Hindu
    - B2 Muslim
    - C1 Buddhist
    - D3 Sikh
    - F1 Jain
    - E1 Christian
    - G1 Buddhist
    - H1 Others

19. **Whether Minority**
    - A1 Yes
    - B2 No

20. **Social Status**
    - A1 Ex-Serviceman
    - B2 Widow
    - C3 Not Applicable

21. **Whether Kashmiri Migrant**
    - A1 Yes
    - B2 No

22. **Employment Status**
    - A1 Unemployed
    - B2 Government regular employee
    - C3 Employed
    - D4 RVS employee

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**PHOTOGRAPH**

Affix your latest passport size photograph (4cm x 5cm) duly attested by you.

**Signature of Applicant**
23. Details of Scholarship being received, if any
   a. Annual Scholarship Amount
   b. Debit/credit Scholarship:
      A1: Government
      A2: Other
      A3: Self
   c. Family income (annual)
   d. Below Poverty Line
      A1: Yes
      A2: No
   e. Childrens
      A1: Yes
      A2: No

24. a. Whether a Person with Disability
   (Pls. write relevant code in the box)
   A1: Yes
   B2: No
   b. If yes, kindly provide details of disability:
      A1: Speech and Hearing Impairment
      B2: Locomotor Impairment
      C3: Visual Impairment
      D4: Low Vision

25. Educational Qualifications:
   a. Whether 10th or 12th pass
      A1: Yes
      B2: No
   b. Main Subjects
      1. 
      2. 
      3. 
   c. Year of Passing
      1. 
      2. 
   d. Division
      3. 
   e. % of Marks
      4. 
   f. Board code/University
      5. 

26. Relevant Qualifications (which make you eligible for application to the programme) GN/M.B.Sc.N
   a. Qualification
      A1: GN/M
      B2: MSc
      C3: Any other
   b. Main Subjects
      1. 
      2. 
   c. Year of Passing
      3. 
   d. Division
      4. 
   e. % of Marks
      5. 
   f. Board code/University
      6. 
   g. Council/Registration Number
      7. 
   h. Name of Nursing Council
      8. 
   i. Whether in Service
      9. 
   j. Years of experience after RNPM
      10. 

27. Details of fee Remittance:
   a. Mode of Payment
      (Pls. write relevant code in the box)
      A1: Cash/Cheque
      B2: Demand Draft
   b. Amount: Rs.
   c. DD/Cheque Number:
      11. 
      12. 
   d. Bank Name:
      13. 
      14. 

28. Declaration:
I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place: ____________________________
Date: ____________________________

Signature of the Applicant

INSTRUCTIONS FOR CANDIDATES
1. Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For detailed instructions please refer Student Handbook & Prospectus.
5. Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme, Council Registration and Demand Draft must be send along with this application form.
6. Original Certificates will be verified.
7. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

For office use

ADMITTED

NOT ADMITTED

Reason for not admitting ____________________________

Signature with date ____________________________