

संचालनालय स्वास्थ्य सेवायें

मध्यप्रदेश

क्र0/नर्सिंग/सेल-3/2019-20/...158

भोपाल दिनांक 02/02/ 2019

“सर्टिफिकेट कोर्स इन कम्युनिटी हेल्थ” हेतु गैर-शासकीय संस्थानों से बी.एस.सी. नर्सिंग उत्तीर्ण महिला आवेदकों के लिये।

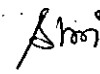
सूचना

हेल्थ एण्ड वेलनेस सेंटर में कार्य सम्पादन हेतु 06 माह के “सर्टिफिकेट कोर्स इन कम्युनिटी हेल्थ” हेतु गैर-शासकीय संस्थानों से बी.एस.सी. नर्सिंग उत्तीर्ण महिला आवेदकों की ऑनलाईन परीक्षा दिनांक 31 जनवरी 2019 को आयोजित की गई।

प्रवेश संबंधी आगामी शेड्यूल इस प्रकार है :-

क्र.	दिनांक	विवरण
1	04 एवं 05 फरवरी 2019	स्किल असेसमेंट- शासकीय नर्सिंग महाविद्यालय जबलपुर, म.प्र. रिपोर्टिंग समय :- प्रातः 08:00 बजे
2	08 फरवरी 2019	मेरिट लिस्ट प्रदर्शन एवं प्रोग्राम स्टडी सेंटर का आबंटन
3	11 फरवरी 2019	<ul style="list-style-type: none">● 11 फरवरी 2019 IGNOU द्वारा प्रवेश की अंतिम तिथि हैं।● अभ्यर्थी स्वयं IGNOU का निर्धारित आवेदन फॉर्म एवं IGNOU द्वारा निर्धारित राशि रुपये 15000/- (रुपये पन्द्रह हजार मात्र) का डिमाण्ड ड्राफ्ट IGNOU जबलपुर (प्रोग्राम स्टडी सेंटर, जबलपुर एवं सिवनी के लिये) एवं IGNOU भोपाल (प्रोग्राम स्टडी सेंटर, उज्जैन, विदिशा, देवास, दतिया, झाबुआ एवं रायसेन के लिये) के क्षेत्रीय कार्यालय में जमा करना सुनिश्चित करें।
4	13-14 फरवरी 2019	<ul style="list-style-type: none">● अभ्यर्थी आवंटित प्रोग्राम स्टडी सेंटर में नियम पुस्तिका में अंकित दस्तावेजों एवं श्योरिटी बॉण्ड के साथ उपस्थिति दें।● प्रोग्राम स्टडी सेंटर में मूल दस्तावेजों के सत्यापन उपरान्त प्रवेश संबंधी अंतिम निर्णय लिया जायेगा।

संलग्न :- श्योरिटी बॉण्ड का प्रारूप एवं आवेदन फॉर्म



उप संचालक नर्सिंग

संचालनाय स्वास्थ्य सेवायें
मध्य प्रदेश

(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/W/O Mr./Mrs. _____ Residing at _____ (hereinafter called the
"Candidate") and (2) Mr./Mrs./Miss _____ S/D/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, then 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

if 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. _____/- (Rupees _____ Only).

Signed jointly and severally by each of us on this _____ day of _____ (month), _____ (year) in the presence of the following witnesses:

Witnesses

1. Signature _____
 Name _____
 Signature _____
 (Candidate)
 Address _____

2. Signature _____
 Name _____
 Address _____

Signature _____
 (Surety)

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										APPLICATION NO.																																					
1. Please read the instructions before filling up the form (Appendix 26). 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 blank between words as shown in the example below. 4. Attach relevant certificates with application form. 5. Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW).										<input style="width: 100%; height: 20px;" type="text"/> Enrolment No. (For Office Use) <input style="width: 100%; height: 20px;" type="text"/>																																					
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td> </td><td>I</td><td>J</td><td>K</td><td>L</td><td> </td><td>N</td><td>O</td><td>P</td><td>Q</td><td>R</td><td>S</td><td>T</td><td>U</td><td>V</td><td> </td><td>X</td><td>Y</td><td>Z</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>										A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		X	Y	Z	0	1	2	3	4	5	6	7	8	9	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you </div>	
A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		X	Y	Z	0	1	2	3	4	5	6	7	8	9												
1. Name of the Programme Applied: <input style="width: 60%; border: 1px solid black;" type="text"/>										<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature of Applicant <input style="width: 100%; height: 30px;" type="text"/> </div>																																					
2. Programme Code: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
3. Medium of Study (Write code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 English</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 Hindi</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>C3 Others</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>												A1 English	<input style="width: 15px; height: 15px;" type="text"/>	B2 Hindi	<input style="width: 15px; height: 15px;" type="text"/>	C3 Others	<input style="width: 15px; height: 15px;" type="text"/>																														
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4. Regional Centre Code: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
5. Programme Study Centre Code: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
6. State Code: <input style="width: 100%; border: 1px solid black;" type="text"/>										Enrolment No.: <input style="width: 100%; border: 1px solid black;" type="text"/>																																					
7. a. Are your registered with (Ignou) (Please write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Yes</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>												A1 - Yes	<input style="width: 15px; height: 15px;" type="text"/>	B2 - No	<input style="width: 15px; height: 15px;" type="text"/>																																
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Enrolment No.: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
8. Name of the Candidate: (as in class X/XII mark sheet or equivalent certificate) <input style="width: 100%; border: 1px solid black;" type="text"/>										Signature of Applicant																																					
9. Father/Mother/Husband Name: (Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name) <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
10. Address for Correspondence: (Please do not give POST-BOX Number. Use Capital Letters and give space between words)										Signature of Applicant																																					
a) House No.: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
b) Street Name: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
c) Locality/Mohalla: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
d) Tehsil/District: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
e) City: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
f) Pin Code: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
11. Contact Details: a) Landline No. <input style="width: 100%; border: 1px solid black;" type="text"/>										Fax, if any: <input style="width: 100%; border: 1px solid black;" type="text"/>																																					
b) e-mail ID: <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
c) Mobile No.: <input style="width: 100%; border: 1px solid black;" type="text"/>										Signature of Applicant																																					
12. Date of Birth: Date <input style="width: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/> / Year <input style="width: 15px; height: 15px;" type="text"/>																																															
13. Nationality A1 - Indian <input style="width: 15px; height: 15px;" type="text"/>										Signature of Applicant																																					
B2 - Others, pl. specify <input style="width: 100%; border: 1px solid black;" type="text"/>																																															
14. Gender (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Male</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - Female</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>C3 - Other</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Male	<input style="width: 15px; height: 15px;" type="text"/>	B2 - Female	<input style="width: 15px; height: 15px;" type="text"/>	C3 - Other	<input style="width: 15px; height: 15px;" type="text"/>	Signature of Applicant																															
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17. Marital Status (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Single</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - Married</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Single	<input style="width: 15px; height: 15px;" type="text"/>	B2 - Married	<input style="width: 15px; height: 15px;" type="text"/>																																		
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19. Whether Minority (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Yes</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Yes	<input style="width: 15px; height: 15px;" type="text"/>	B2 - No	<input style="width: 15px; height: 15px;" type="text"/>																																		
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20. Social Status (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Ex-Serviceman</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - War Widows</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>C3 - Not Applicable</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Ex-Serviceman	<input style="width: 15px; height: 15px;" type="text"/>	B2 - War Widows	<input style="width: 15px; height: 15px;" type="text"/>	C3 - Not Applicable	<input style="width: 15px; height: 15px;" type="text"/>	Signature of Applicant																															
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21. Whether Kashmiri Migrant (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Yes</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Yes	<input style="width: 15px; height: 15px;" type="text"/>	B2 - No	<input style="width: 15px; height: 15px;" type="text"/>																																		
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22. Employment Status (Pls. write relevant code in the box) <table style="width: 100%; border: none;"> <tr> <td style="width: 20px;">A1 - Unemployed</td> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>B2 - IGNOU regular employee</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>C3 - Employed</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td>D4 - KVS employee</td> <td><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>										A1 - Unemployed	<input style="width: 15px; height: 15px;" type="text"/>	B2 - IGNOU regular employee	<input style="width: 15px; height: 15px;" type="text"/>	C3 - Employed	<input style="width: 15px; height: 15px;" type="text"/>	D4 - KVS employee	<input style="width: 15px; height: 15px;" type="text"/>	Signature of Applicant																													
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99																																															

23. Details of Scholarship being received, if any

a) Annual Scholarship Amount <input type="text"/>	b) Deptt. offering Scholarship: A1 Government <input type="text"/>	c) Family Income (annual) <input type="text"/>	d) Below Poverty Line A1 Yes <input type="text"/>	e) Jain inmates A1 Yes <input type="text"/>
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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:
 (Pls. write relevant code in the box)
 A1 - Speech and Hearing Impairment
 B2 - Locomotor Impairment
 C3 - Visual Impairment
 D4 - Low Vision

Leprosy Cured

Mental Retardation

Mental Illness

25. Educational Qualifications:

a) Whether 10 th or 12 th pass A1 - 12 th <input type="text"/> B2 - 10 th <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N

a) Qualification A1 - GNM <input type="text"/> B2 - BScN <input type="text"/> C3 - Any other <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____ 4. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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g) Council Registration Number: RN RM Name of Nursing Council

h) Whether in Service: A1 - Yes
 B2 - No

Place of work: _____

i) Years of experience after RN/RM

27. Details of fee Remittance:

a) Mode of Payment
 (Pls. write relevant code in the box)
 A1 - Cash Challan
 B2 - Demand Draft

b) Amount: Rs. _____ Please add Rs. 500/- in case of Late fee

c) DD/Challan Number:

e) Bank Name:

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
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Reason for not admitting _____

Signature with date _____