

# संचालनालय स्वास्थ्य सेवायें

## मध्यप्रदेश

क0/नर्सिंग/सेल-3/2018-19/...११४

भोपाल दिनांक 12/12/2018

### सूचना

सर्टिफिकेट कोर्स इन कम्युनिटी हेल्थ (ब्रिज कोर्स) सत्र जनवरी-जून 2019 में प्रवेश हेतु लिखित परीक्षा उत्तीर्ण उम्मीदवारों हेतु प्रोग्राम स्टडी सेन्टर एवं हेल्थ एण्ड वेलनेस सेन्टर के आबंटन के लिये काउन्सिलिंग दिनांक 18/12/2018 को आई.ई.सी व्यूरो जिला चिकित्सालय भोपाल केम्पस में प्रातः 11:00 से आयोजित है। पात्र उम्मीदवारों को निम्नलिखित मूल दस्तावेजों एवं दो सत्यापित छायाप्रतियों के साथ काउन्सिलिंग में उपस्थित होना अनिवार्य है :-

### दस्तावेजों की सूची :-

1. 10 वी की अंकसूची।
2. 12 वी की अंकसूची।
3. बी.एस.सी. नर्सिंग/जी.एन.एम. की अंकसूची।
4. नर्सिंग रजिस्ट्रेशन।
5. जाति प्रमाण पत्र।
6. मूल निवासी प्रमाण पत्र।
7. अनुभव प्रमाण पत्र।
8. आधार कार्ड एवं पेन कार्ड।
9. 10 पासपोर्ट साईज फोटो।
10. श्योरिटी बॉन्ड (प्रारूप संलग्न)
11. राष्ट्रीय स्वास्थ्य मिशन का वर्तमान अनुबंध (संविदा उम्मीदवारों हेतु)
12. एक फाईल फोल्डर।



(डॉ. जे.एल. मिश्रा)

संचालक (नर्सिंग)

संचालनालय स्वास्थ्य सेवायें

मध्यप्रदेश

क0/नर्सिंग/सेल-3/2018-19/...

भोपाल दिनांक 12/12/2018

प्रतिलिपि :- सूचनार्थ प्रेषित।

1. मुख्य कार्यपालन अधिकारी एम.पी. ऑनलाईन की ओर भेज कर लेख है कि उक्त सूचना अपने पोर्टल पर अपलोड करें।
2. संचालक आई.ई.सी व्यूरो जिला चिकित्सालय भोपाल मध्यप्रदेश।
3. निज सहायक वि.क.अ. सह आयुक्त स्वास्थ्य सेवायें, मध्यप्रदेश।

↑  
संचालक (नर्सिंग)

संचालनालय स्वास्थ्य सेवायें

मध्यप्रदेश

Dated 23-08-2017

(On Non-Judicial Stamp Paper of Rs. 100/-)

NATIONAL HEALTH MISSION

SURETY BOND

THIS DEED OF BOND IS MADE ON----- DAY OF-----2017.

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 \_\_\_\_\_, 2017 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

Dated 23-08-2017

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. \_\_\_\_\_/- (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 \_\_\_\_\_

Signature

Name: \_\_\_\_\_  
Address \_\_\_\_\_

(Surety)

**Attested by Notary Public**