



ISO 9001:2015 Certified Institution

State Institute of Health & Family Welfare

Jhalana Institutional Area, Near Doordarshan Kendra, Jaipur-302004

APPLICATION FORM

NURSE PRACTITIONER MIDWIFERY (NPM)

Affix
passport
size photo

- DD No. Amt. **1000.00** Rs. Date.....Bank.....
- Name of Applicant :
- Father's Name :
- Sex : Male Female Others
- Date of Birth :
- Age on 17/07/2025 : Year Month Days (*Max. Age 45 Year*)
- Mobile No. : +91
- E-mail :
- Aadhar No. ABHA Card No.
- Permanant/Postal Address
.....
.....Pin Code.....
- Employee ID
- Present Place of PostingDistrict.....
- Education Qualification :

| Name of Exam | Year of Passing |
|----------------------------------|-----------------|
| GNM | |
| BSC NURSING / POST BASIC NURSING | |
| Other (Specify) | |

14. Clining or teaching experiance in maternal areas (ANC/PNC/LR/MOT) : (2 Years for NPM)

| Type of Experience (Clinical/Teaching) | Name of Institution | From | To | Total Duration |
|-------------------------------------------|---------------------|------|----|-------------------|
| | | | | |
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15. Nursing Council Registration No. Valid Upto:

RNC Certificate and Renewal Receipt is Enclosed :- YES NO

16. Do you have basic Computer Skill like MS Word, Excel, PPT, use of Internet YES NO

17. Professional References :

A

Name :
Designation :
Mobile No. :
Email :

B

Name :
Designation :
Mobile No. :
Email :

18. Attach a personal statement with the application (maximum of 1000 words), regarding interest to work as NURSE PRACTITIONER MIDWIFERY (NPM).

DECLARATION

1. I hereby declare that if I am selected for the applied post, I am willing to work as Nurse Practitioner in Midwifery in MLCU.
2. I hereby declare that the information given by me in the application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any point of time, I am found to have concealed/ distorted any information or given any false statement, my selection shall be liable to be summarily rejected/terminated without notice or compensation and may also be penalised under CCA rules.

Date:

Place:

(Signature of applicant)



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List of enclosures:

1. Demand Draft (DD) of Amt. **1000.00 Rs.** in favour of "**STATE INSTITUTE OF HEALTH AND FAMILY WELFARE, JAIPUR**".
2. Application form with updated Curriculum vitae (CV)
3. Personal statement in 1000 words (*as mentioned in point no.18*)
4. Photocopy of 10th Certificate (*Self Attested*)
5. Photocopy of GNM Marksheets (*Self Attested*)
6. Photocopy of GNM Diploma Certificate (*Self Attested*)
7. Photocopy of B.Sc. Nursing Marksheets (*Self Attested*)
8. Photocopy of B.Sc. Nursing Degree Certificate (*Self Attested*)
9. Photocopy of valid Registration certificate issued by Nursing Council and Renewal Receipt. (*Self Attested*)
10. Clinical and /or teaching experience in Maternity areas endorsed by CMHO / PMO / Principal, Nursing College / Govt. Medical College or competent authority in prescribed format.
11. Photocopy of Aadhar card.

Note:-

1. Application form with all attached document should be reached by SPEED POST/REGISTERED POST to The Director, SIHFW, Jhalana Institutional Area, Near Doordarshan Kendra, Jaipur-302004 (Room No. 103) till date 17.07.2025 at 05:00 pm.
2. Application should be duly forwarded by competent authority.
3. Experience should be in prescribed and attached format only.
4. Ensure to prepare Demand Draft with correct payable name and amount.
5. Ensure to attached Renewal Receipt of RNC in case of RNC Renewal.



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अनुभव प्रमाण पत्र (प्रारूप)

प्रमाणित किया जाता है कि श्री/सुश्री/श्रीमती.....
पुत्र/पुत्री/पत्नीद्वारा नियमित
राजकीय सेवा में रहते हुए इस संस्थान में दिनांक से
दिनांक तक (कुल अवधि..... वर्ष माह.....)
मातृ स्वास्थ्य सेवाएँ विशेष रूप से प्रसव संबंधी (Maternal Care Specially
Experience in conducting delivery) कार्य किया है, जो वर्तमान में
..... पद पर कार्यरत है।

हस्ताक्षर सक्षम अधिकारी मय सील