



ISO 9001:2015 Certified Institution

# State Institute of Health & Family Welfare

Jhalana Institutional Area, Near Doordarshan Kendra, Jaipur-302004

\*Please Tick- ME  NPM

## APPLICATION FORM

Affix passport size photo attested

DD No. \_\_\_\_\_ Amount \_\_\_\_\_ Dated \_\_\_\_\_

- Name of Applicant: .....
- Father's / Husband's Name: .....
- Sex (tick whichever applicable): Male / Female / Others
- Date of Birth: .....
- Age on 31.12.2024  Years,  Months,  Days (Max. age 45 years)
- Mobile No: +91  E-Mail ID: .....
- ABHA Card..... Aadhar No. ...., Employment ID:.....
- Permanent/ postal Address: .....  
.....Pin Code.....
- Present Place of Posting: ....., District:.....
- Educational Qualifications:

Name of Exam	Year of Passing
GNM	
B.Sc. Nursing	
M.Sc. Nursing	
Other (Specify) .....	

11. Clinical or teaching experience in maternal areas (ANC/PNC/LR/MOT): (Min. 5 years for ME and 2 Years for NPM)

Type of Experience (Clinical/Teaching)	Name of Institution	From	To	Total Duration

12. Nursing Council Registration No. ...., Valid upto: .....

13. Do you have basic comuter skill like MS Word, Excel, PPT, use of internet etc: YES / NO

14. Professional references:

A	B
Name-.....	Name- .....
Designation- .....	Designation- .....
Mobile No.- .....	Mobile No.- .....
Email-.....	Email- .....



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15. Attach a personal statement with the application (maximum of 1000 words), regarding interest to work as **Midwifery Educator/ Nurse Practitioner in Midwifery** (tick whichever applicable).

**DECLARATION**

1. I hereby declare that if I am selected for the applied post, I am willing to work as **Midwifery Educator in SMTI/ Nurse Practitioner in Midwifery in MLCU** (tick whichever applicable).
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 any point of time, I am found to have concealed/ distorted any information or given any false statement, my selection shall liable to be summarily rejected/terminated without notice or compensation and may also be penalised under CCA rules.

Date:

Place:

(Signature of applicant)

**अनुभव प्रमाण पत्र (प्रारूप)**

प्रमाणित किया जाता है कि श्री/सुश्री/श्रीमति.....  
पुत्र/पुत्री/पत्नी ..... द्वारा 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 कि वर्तमान में ..... पद पर कार्यरत है।

हस्ताक्षर सक्षम अधिकारी मय सील



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### **List of enclosures:**

1. Application form with updated Curriculum vitae (CV)
2. Personal statement in 1000 words
3. Photocopy of 10<sup>th</sup> Certificate (Self-attested)
4. Photocopy of GNM Marksheets (Self-attested)
5. Photocopy of GNM Diploma Certificate (Self-attested)
6. Photocopy of B.Sc. & M.Sc. Nursing Mark sheets (Self-attested)
7. Photocopy of B.Sc. & M.Sc. Nursing Degree Certificate (Self-attested)
8. Photocopy of valid Registration certificate issued by Nursing Council
9. Clinical and / or teaching experience in Maternity areas endorsed by CMHO/ PMO/ Principal, Govt. Nursing College/ Govt. Medical College or competent authority in prescribed format.
10. Photocopy of Jan Aadhar/ Aadhar card
11. Demand Draft (DD) of Rs.500/-

### **Note:**

- i. 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 till 30 September 2024 at 05:00 pm.
- ii. Application should be duly forwarded by competent authority.
- iii. Experience should be in prescribed and attached format only.