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**NATIONAL NEONATOLOGY FORUM**

**NEONATOLOGY CLINICAL FELLOWSHIP EXIT EXAM FOR DOCTOR’S**

NNF announces **15th Clinical Fellowship exit exam in April, 2020** for the ongoing Training Fellowship Program for doctors.

**Eligibility:** Students who have completed one year of successful training post MD or one and a half years of training after doing DCH.

**Dates of Examination**: April, 2020.

**Examination Center**: To be decided

**EXAMINATION FORMAT**

**THEORY**: To be held on Day 1

Duration of paper I will be **90 to 120 Min.** Paper II will be **three hours**.

 **Paper I- 100 marks:**

Paper I MCQ (Basic Neonatology, Perinatology, Community based newborn health care, Nutrition &Growth, National Programs of newborn health, low birth weight, infections, embryology, endocrinology and neonatal surgical problem)

**Paper II- 100 marks:**All questions will be of 10 marks each.

(Advanced Neonatology, Systemic diseases, Metabolic Diseases, Neonatal Surgical condition and Critical care)

**Pattern**

Straight topic focused semi long questions, approach to a clinical scenario, short notes questions

* Objective Structured essay questions
* Short answer structured questions
* Clinical case scenarios
* Short answers

**PRACTICAL EXAMINATION** (*to be held on day 2 and day 3)*

* **Long Case – 40 Marks** Ventilator/ CPAP/ HFNC
* **Short Case I- 30 marks** Low birth weight/sepsis/Congenital malformation/ Any other morbidity
* **Short Case II- 30 marks** Normal Newborn

**OSCE Stations (80 marks)**

* Statistical calculation
* C S F interpretation
* ABGA Interpretation
* Hematological interpretation
* Resuscitation on Manikin
**REST STATION**
* Statcons counseling
* X-ray station
* X-ray station
* Drug stations
**REST STATION**
* Drug station
* IEM/Genetic/related problem
* Clinical photograph
* Vaccine related
* Nutrition related situation

**Internal assessment: 20 marks (Includes Marks for log book & paper presentation)**

*These marks will be based on free paper or poster presentation or publication during the course of the fellowship 10 marks, Log book 5 marks, Sincerity and commitment 5 marks.*

**OTHER ISSUES REGARDING THE EXAM**

1. There will be 4 examiners (2 internal 1 from college 1 from state) 2 external)

2. An examination fee of Rs. 17,700/- (Rs. 15,000/- Exit Exam Fee + 18% GST Rs. 2,700/-) will be charged to the candidate, payable to Central NNF.

3. The examination fees must be paid by demand draft drawn in favour of "National Neonatology Forum" sent by registered post to the office of the Secretary, NNF at New Delhi along with the duly filled and certified examination forms A and B.

**4.The last date for submission of the examination form and fees will be 8th March,2020**. Any application reaching after this date will not be entertained.

5. On receiving the examination fees the office will mail an admit card to the candidate which will have to be produced in original to gain entry to the exam. **Kindly carry your photo id at the time of the examination.**

6. The candidates have to pass in both theory and practical to be declared as Successful. The minimum pass percentage will be 50% in theory and practical each.

**Dr. Lalan Kr. Bharti**

**Secretary General NNF, India**

**National Neonatology Forum**

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Photograph

Of

Candidate

**NNF Trainee Clinical Fellowship for Doctors**

**ADMIT CARD (CANDIDATE COPY)**

**Roll NO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (To Be Filled By Office)

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Training Centre Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Postal Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Centre of Examination**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of Examination** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( To Be Filled By Office)

**Time of Examination**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (To Be Filled By Office)

 **Specimen Signature of Candidate** **Right Thumb Impression**

 Checked By Secretary NNF

NNF HR Executive Dr. Lalan K. Bharti

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**NOTE**: To be filled by the candidate in ***own handwriting with black/blue ballpoint pen*** and attached with form A & B and Post to NNF Central Secretariat Office.

**NNF NEONATOLOGY CLINICAL FELLOWSHIP EXAMINATION (FORM A)**

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**NOTE: To be filled by Center Only**

**Date**: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

The Secretary NNF

Off: 803 8th Floor, A-9

GD-ITL Northex Tower

Netaji Subhash Place

Pitampura New Delhi-110034

Tel: 011-27353535

Mob: 8527453535

Dear Sir / Madam,

The following fellowship candidate trained at our Institute is eligible to appear for the **NNF Neonatology**

**Fellowship Exit Exam Scheduled on** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The details of the candidate and their examination fee are given below –**

**1)** Candidate’s name and full contact details -

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Postal Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Id:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Registration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsored/Non Sponsored:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stipend received from hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full/Part Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please attach a copy of the appointment letter from Institute along with the pay slip)**

Completed 80% of the prescribed period of training: Yes / No

**Internal Assessment**:

These marks are to be based on

• Scientific paper or publication during the course of the fellowship **(10 marks)** **please Provide proof**

• Log book **(5 marks)** **please send the log book along with form**

• Sincerity and commitment **(5 marks)**

**Total marks for internal assessment (max marks 20)** \_\_\_\_\_\_\_\_\_\_\_

Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory

Publication / Scientific paper during fellowship year Yes / No

**Exam fee amount Rs.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DD/ NEFT no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The demand draft should be in favor of **"National Neonatology Forum”** payable at **New Delhi**.

**Signature of Candidate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Institute Head Signature of Fellowship Coordinator**

NNF NEONATOLOGY CLINICAL FELLOWSHIP (Form B)

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**EXAMINATION FORM**

**NOTE: To be filled by Candidate Only**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To,**

**The Secretary NNF,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir / Madam,

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like to take the NNF Neonatology Fellowship Exit Exam Scheduled

in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the candidate**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Postal Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Id:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Registration**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stipend received from hospital:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please attach a copy of the appointment letter from Institute)**

Name of the Institute, where fellowship is done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional detail prior to the fellowship, i.e. working in Public / Private Sector/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsored yes / no.**

If yes, name of the sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Publication Scientific paper/ Poster / Project etc. during fellowship year Yes / No

**Specify details**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Attach a copy)**

**Amount** - \_\_\_\_\_\_\_\_\_\_\_\_\_ **DD/NEFT No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Details for NEFT:​**

**Account No**: 91191010001308
**Bank Name**: Syndicate Bank
**Branch**: DTC Wazirpur, New Delhi-110035
**IFSC Code**: SYNB0009119

**Account Name**- National Neonatology Forum

**Type of account** - Current

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the candidate**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Institute Head Signature of Fellowship Coordinator**