NNF announces 8th NNF Fellowship Exit Exam October, 2020 for the ongoing Training Fellowship Program for nurses.

**Tentative Dates of Examination:** 28th – 29th October, 2020

**EXAM FORMAT**

**THEORY (to be held on Day 1)**

Theory
- **Paper 1:** Neonatology
- **Paper 2:** Neonatal Nursing

**PRACTICAL EXAMINATION (to be held on Day 2)**

Practical
- Case presentation: assessment, planning of procedures
- Equipment
- Medications
- Procedures
- Parent counseling

Optional
- Research projects

**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. 9,440/- (Rs. 8,000/- Exit Exam Fee + 18% GST Rs. 1,440/-)** 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.
4. The last date for submission of the examination form & fee will be 30th September, 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.

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.

Dr. Lalan Kr. Bharti
Secretary General NNF, India
# NNF Clinical Trainee Fellowship for Nurses

## ADMIT CARD (CANDIDATE’S COPY)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Roll NO:</td>
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<tr>
<td>Name:</td>
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<td>Father’s Name:</td>
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<td>DOB:</td>
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<td>Training Centre Name:</td>
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<td>Permanent Postal Address:</td>
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- Specimen Signature of Candidate
- Right Thumb Impression

Checked By

NNF HR Executive

Secretary NNF

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.
To,

The Secretary NNF,
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 below mentioned fellowship candidate training at our Institute for prescribed duration would like to take the NNF Neonatology Nursing Fellowship Exit Exam Scheduled in the month of ___________ year _____________.

The details of the candidate and exam fee payment details are given below:

1) Candidate’s Name And Full Contact Details -

Name of the candidate: ________________________________________________________________

Permanent Postal Address: ____________________________________________________________

_________________________________________________________________________________

Pin code: _______________________

Telephone: Home ___________________ Office ___________________ Mobile ___________________

Email ID: ____________________________________________________________

Age: _____________________________

Sex: _____________________________

Qualification: _____________________

Date of Registration: ________________

Stipend received from hospital: ____________________________

2) Contact Details of Institution
Name of training hospital: ________________________________________________________________

Address: ____________________________________________________________________________

_____________________________________________________________________________________

_______________________  __________________________________________________________________________
Pin code:                  

Telephone: Home __________ Office ____________ Mobile ________________________________

Email ID: ________________________________________________________________

Name of Observer: ________________________________________________________________

Details to be submitted by Training center

(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________________________________________________________________________

Amount - __________________/DD No/NEFTNo: ___________________ 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