APPLICATION FORM FOR NURSING TRAINEE FELLOWSHIP

Rules for selection of candidates

The National Neonatology Forum of India (NNF) shall award Nursing Trainee Fellowships every year to the members of the NNF who have completed training in Neonatology in NNF accredited centers anywhere in India. The National Neonatology Forum of India (NNF) shall award Trainee Fellowship every year to eligible candidates.

ELIGIBILITY:

1. Candidates should passed BSC nursing or general nursing with or without midwifery.

2. Tenure: For BSC 1 year & for GNM 1½ year

3. Age no bar.

4. The applicant should categorically indicate that the training received by him/her will be of use to the Institution / private practice.

5. Candidate should attach photocopy of this degree/certificate required for eligibility in their application to central NNF secretariat. The application form should be countersigned and forwarded by the institution/guide.

6. The application will be invited through an announcement in NNF’s publications or any other form like circular and the applicant will have to submit their NNF fellowship application form along with the DD/Cheque of Rs. 8,000/- (fellowship candidate registration fee) in favor of “National Neonatology Forum” within a stipulated time to the NNF Secretary, 803, 8th Floor, A-9 Northex Tower, Pitampura, New Delhi - 110034 (India)

7. If candidates are unable to obtain the centers of their choice, they are at liberty to opt for other centers, where the seats are vacant.

8. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centers regarding accommodation, library fees, messing etc.

9. Admission process - Interview at local, Admission through central registration
APPLICATION FORM FOR NURSING TRAINEE FELLOWSHIP

1. Personal Information
Surname ____________________ Middle Name _____________________ First Name ______________________
Gender  ○ Male  ○ Female
Date of Birth  Date __________  Month __________  Year ________________
Marital Status  ○ Single  ○ Married

2. Contact Details
Address ____________________________________________________________
                                                                 ___________________________________________  Pin code ________________
Telephone  Home _______________ Office ________________ Mobile ________________
Email Address _________________________________________________

NNF Membership No __________  MCI No __________  D/M/Y Joining of Fellowship __________
(Attach Copy)  (Attach Copy)

3. Contact Details of Institution
Name of training hospital ____________________________________________
Address __________________________________________________________
                                                                 ___________________________________________  Pin code ____________________
Telephone  Home _______________ Office ________________ Mobile ________________
Email address _________________________________________________
Name of Observer _______________________________________________
4. Qualifications (Provide Proof)

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<th>Nursing Qualification</th>
<th>Name of the University</th>
<th>Qualifying Date</th>
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5. Prizes or distinctions obtained during Nursing Examinations:

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6. Appointments held till date:

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<th>S.No</th>
<th>Designation</th>
<th>Period</th>
<th>Teaching/Non-Teaching</th>
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Details of Payment:

Cash/Local Cheque/D.D. No.___________________ For Rs.__________________ Date_______________

Drawn on___________________Branch____________________________________

7. Neonatal training after Nursing if any from India or Abroad:

8. Any other skill training in related fields:

9. Number of publications (attach list):

10. Research presentations made in various scientific meetings (name of conference, title of paper, year – attach list):
11. Name and Address of the Institution where training is desired (enclose a letter of acceptance by the training institution)

12. Give justifications for the training sought

Certified that the above particulars are correct

(Signature of Applicant)

Place:

Date: