



## **NATIONAL NEONATOLOGY FORUM**

### **NEONATOLOGY FELLOWSHIP EXIT EXAM FOR TRAINEE FELLOWSHIP OF NURSES**

NNF announces **10th NNF Fellowship Exit Exam October, 2022** for the ongoing Training Fellowship Program for nurses.

**Tentative Dates of Examination:** 6<sup>th</sup> & 7<sup>th</sup> October, 2022

### **EXAM FORMAT**

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

#### **Theory**

**Paper 1:** Neonatology

**Paper 2:** Neonatal Nursing

**PRACTICAL EXAMINATION** (*to be held on Day 1 & 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. 5900/-** (Rs. 5,000/- Exit Exam Fee + 18% GST Rs. 900/-) 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 **22<sup>nd</sup> October September, 2022.**

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. Dinesh Tomar**  
**Secretary General NNF, India**

# National Neonatology Forum

Photograph  
Of  
Candidate



## NNF Clinical Trainee Fellowship for Nurses

### ADMIT CARD (CANDIDATE'S COPY)

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

**Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

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

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

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

\_\_\_\_\_ (To Be Filled By Office)

**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  
NNF HR Executive

Secretary NNF  
Dr. Dinesh Tomar

**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 NURSING FELLOWSHIP EXAMINATION FORM**



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 Fellowship Completion 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: Canara Bank

Branch: DTC Wazirpur, New Delhi-110035

IFSC Code: CNRB0019119

MICR: 110015402

Account Name: National Neonatology Forum

Type of account: Current

\_\_\_\_\_  
Signature of the candidate

\_\_\_\_\_  
Signature of Institute Head

\_\_\_\_\_  
Signature of Fellowship Coordinator