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

**Tentative Dates of Examination:** 6th & 7th 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 22nd 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
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: _________________________________________________________

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.
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