

Annexure-2

**Application for Residential Course in Nurse Practitioner Midwife for
GNM/BSc Nurses**

1. Full Name of Applicant (Block Letters): _____

2. S/o, D/o, W/; _____

3. Date of Birth: _____

4. Sex (Male/Female): _____

5. Nationality: _____ Religion: _____

6. Native District: _____

7. Marital Status (Married/Unmarried): _____

8. Community Status: SC / ST / BCA / BCB / BCC / BCD / BCE / CC / EWS

9. Category details

10. Permanent Address: _____

11. Address for Correspondence (if different from Permanent Address):

12. Phone Number (Mobile/Home): _____

13. Email ID: _____

14. Educational Qualifications (starting from Inter / 12th standard):

Sr. No.	Educational Qualification	Year of passing	University/ Board	Maximum Marks	Marks Obtained	% of Marks

Paste Passport
Size photo with
attestation by
Gazetted Officer
Here

Work Experience: _____

15.

Sl. No.	Place of Work	Designation	Duration		Total Period
			From	To	

Major Roles/Responsibilities:

16. Languages known:

S.no	Language	Read (Y/N)	Write(Y/N)	Speak(Y/N)

17. Training and workshops attended:

S.NO	TOPICS	INSTITUTION / ORGANISATION
1		
2		
3		

18. Written Statement: On a separate piece of paper that has your name and date of birth in the top right corner, or typed into the space below, please include a short statement (Maximum of 300 Words) that describes your motivation to join the training program in Nurse Practitioner Midwifery and serve the pregnant women in the state.

19. References

Please provide the contact information for 2 professional references that can attest to your abilities and personal qualities.