

NATIONAL NEONATOLOGY FORUM OF INDIA

803, 8th Floor, A-9 Northex Tower, Pitampura, New Delhi - 110034 (India)

Society Registration No. S/12637/1982

Photograph

APPLICATION FORM FOR NURSING TRAINEE FELLOWSHIP

Rules for selection of candidates

Bedi Hospital in association with 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.

ELIGIBILITY:

1. Candidates should have passed BSC nursing or general nursing with or without midwifery.
2. Tenure: For BSC 1 year & for GNM 1 ½ 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. 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.
8. **Admission process - Interview at Bedi Hospital, Sector -33A, Chandigarh on 15 January 2018 & 18 January 2018.**



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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. Qualifications (Provide Proof)

Nursing Qualification	Name of the University	Qualifying Date

4. Prizes or distinctions obtained during Nursing Examinations:

6. Appointments held till date:

S.No	Designation	Period	Teaching /Non-Teaching

7. Any other skill training in related fields:

8. Number of publications:

9. Research presentations made in various scientific meetings (name of conference, title of paper, year – attach list):

10. Name and Address of the Institution where training is desired (enclose a letter of acceptance by the training institution)

11. Give justifications for the training sought

Certified that the above particulars are correct

(Signature of Applicant)

Place:

Date :