

GOVERNMENT OF MANIPUR
MEDICAL DIRECTORATE

NOTIFICATION

Imphal, the 31st January, 2017

No. G/MISC/2015(NSG)-DHS: It is hereby notified to all the CMOs/HOOs/MSs/DDOs/POs/MOs i/c under Health Department and Heads of all Health Institutions (Private Hospitals, Mission Hospitals, Hospitals run by NGOs & Nursing Institutions) that applications are invited from the deserving Nursing Personnel working under their jurisdictions for nomination of National Florence Nightingale Award-2017 in the prescribed application form which can be downloaded from the official website of this Directorate i.e. www.manipurhealthdirectorate.in

The last date of receipt of duly filled-in forms [5 (five) copies] to this Directorate through proper channel is 25/02/2017.

This is issued with reference to the Government of India, Ministry of Health and Family Welfare (Nursing Division) letter no. V.14025/1/2016-N dated 23/12/2016.


(Dr. H. Ranjit Singh)
for Director of Health Services, Manipur

Endt.No. G/MISC/2015(NSG)-DHS:

Imphal, the 31st January, 2017

Copy to:

1. The Commissioner, Health and Family Welfare, Government of Manipur.
2. The Joint Director, Nursing, Medical Directorate, Lamphelpat.
3. Registrar, Manipur Nursing Council.
4. The Editor..... You are requested to publish in your esteemed daily for 3(three) consecutive days.


(Dr. H. Ranjit Singh)
for Director of Health Services, Manipur

**APPLICATION FORM FOR NATIONAL FLORENCE NIGHTINGALE NURSES
AWARD 2017**

Instructions: Kindly fill in the application in English & Hindi only and attested copies of certificates as per indications. The filled in applications to be submitted to the Secretary (Health) of the concern state, not directly to Ministry of Health and Family Welfare New Delhi. The incomplete applications and not forwarded through proper channel will be summarily rejected.

Paste Recent Photograph

1. Name (In Block letters) _____

2. Age with date of birth
(In Christian Era) _____

3. Father's/Husband's Name _____

4. Complete Present Address for
Communication with pin code. _____

- Telephone Number (Residence) _____

- Mobile Number. _____

- E-Mail Address if any _____

5. Complete Permanent Address
With Pin Code, _____

- Telephone Number(Residence) _____

6. Name & Complete Address of
Hospital/Institution where
Working _____

- Telephone Number(Office) _____

- E-Mail Address if any _____

7. Academic Qualifications (Attach attested Copies of certificates)

S.No	From	To	Qualification	Institution

8. Professional qualification (Attach attested Copies of certificates)

S.No	From	To	Qualification	Institution

9. Area of work

Area of work	From	To	Total Years
Urban			
Semi urban			
Rural			
Tribal/Hilly area			
Any Other Special Area			

10. Particulars of license (Include Parent Nursing Council Registration and Subsequent reciprocal registrations if any)

Name of the Nursing Council	RN No	RM No	Date of Registration

11. Details of experience in nursing services. (Attach attested Copies of certificates)

From	To	Position Held	Institution	Key Responsibilities

12. Post held at present _____

13. whether retired if so, _____
the date of retirement

14. Post held at the time _____
of retirement and the present professional responsibility if any.

15. Membership with professional _____
Organization/NGO/statutory &
accrediting bodies (Attach attested
copies of certificates)

- State Level _____
- National Level _____
- International Level _____

16. Any other awards received
(Attach attested Copies of
certificates)

- State Level _____
- National Level _____
- International Level _____

17. Resume of the Applicant as per Enclosed /Not enclosed
Annexure III.

Place and date

Signature of the applicant

Recommended by- Nursing Superintendent /Principal/District Medical Officer/
District Public Health Nursing Officer etc

Place and date

seal

Signature

Forwarded by Secretary Health & Family Welfare Department of the State

Place & Date

Seal

Signature

* Candidates applying from the Central Institutions may forward the application to the ministry through the concern Director/Head of the organization along with the meeting minutes.

Composition of the Central Institutions Selection Committee Members

1. Director
2. Additional Director/Deputy Director/Medical Superintendent/Dean
3. Nursing Superintendent
4. Deputy Nursing Superintendent/Principal College of Nursing
5. Administrative Officer