

Govt. of India
Lady Reading Health School, Bara Hindu Rao, Delhi-110006
Certificate Course of Lady Health Assistant/Lady Health Visitor
(Promotional Training for A.N.M.'S)

Admission Notice

Application are invited upto 15May2014 on the prescribed forms obtainable on any working day from the Office of the Superintendent, Lady Reading Health School, Bara Hindu Rao, Delhi-110006 (or from the website) on or before 15May2014 for 6 (six) months training for promotional training for ANMs commencing from 1July 2014. Total seats are 20 out of which 3 seats are reserved for SC and 2 seats for ST.

Admission Requirements

1. A candidate must successfully completed A.N.M. Training (as per INC syllabus) and Registered with one of the State Nursing Council in India.
2. Five years experience as A.N.M.
3. Only Sponsored candidates are eligible for training.
4. Age Limit upto 55 years as on 1May2014
- 5.

Note : Only selected candidates will be informed. The medium of study and examination will be in English or Hindi.

भारतसरकार
लेडीरीडिंगस्वास्थ्य विद्यालय, बाड़ा हिन्दूराव दिल्ली.110006
महिलास्वास्थ्य सहायक / लेडी हेल्थ विजिटर हेतु सर्टिफिकेट कोर्स
ए.एन.एम. के पदोन्नति हेतू प्रशिक्षण

प्रवेशसूचना

1 जुलाई 2014 से प्रारम्भ होने वाले ए.एन.एम. के पदोन्नति हेतू प्रशिक्षण कार्यक्रम के लिये विधिवत भरे गये आवेदन पत्र दिनांक 15 मई 2014 तक अधिका लेडी रीडिंग स्वास्थ्य विद्यालय, बाड़ा हिन्दू राव दिल्ली.110006 के कार्यालय में पहुंच जाने चाहिये। इच्छुक अभ्यर्थी आवेदन पत्र का निर्धारित फार्म अधिका लेडी रीडिंग स्वास्थ्य विद्यालय, बाड़ा हिन्दू राव दिल्ली.110006 कार्यालय अथवा मंत्रालय की वेबसाइट से 15 मई 2014 तक प्राप्त कर सकते हैं।

प्रवेशअहर्ताएँ

- 1 अभ्यर्थी नें ए.एन.एम. का प्रशिक्षण भारतीय उपचर्या परिषद के पाठ्यक्रमानुसार सफलता पूर्वक उत्तीर्ण किया हो तथा भारत में किसी भी राज्य के नर्सिंग पंजीकरण संस्थान से पंजीकृत हो।
- 2 ए.एन.एम. के पद पर 5 साल का अनुभव अनिवार्य है
- 3 केवल प्रायोजित अभ्यर्थी ही प्रशिक्षण के पात्र है
- 4 आयुसीमा- 55 वर्ष

नोट-केवल चयन किए गए अभ्यर्थी का ही सूचित किया जायेगा। प्रशिक्षण और परीक्षा का माध्यम अंग्रेजी अथवा हिन्दी में ही होगा।

LADY READING HEALTH SCHOOL
GOVT. OF INDIA

No.15-1 / 2012-LRHS
Tel/Fax 011- 23613473

BARA HINDU RAO, DELHI-110006
Dated :

To

Subject:- Promotional Training for ANM from July 2014 to December 2014 Session.

Sir/Madam,

I am to say that the next session for Promotional Training for ANM is scheduled to start from _____ . The brief particular of the course are given below :

Scope of the Course :- The course is designed for providing promotional opportunities for the ANMs in service with five years experience to become Health Supervisors of Multipurpose Workers and to fill up the deficiencies existing for such personnel.

Duration :- The Course is of 6 (six) months duration.

- a) Qualification - i) General Education : Matriculation
ii) A.N.M. Training from a recognized Institution.
b) Experience - 5 years or more as ANM
c) Eligibility - Only sponsored candidates are eligible for training.
d) Physical Fitness - The candidate should be medically fit.
(Pregnancy during training period is not allowed.
e) Financial assistant - No financial assistance in the shape of
Scholarship/Stipend will be paid by
Central Govt.
f) Age Limit - upto 55 years as on _____

FEES : The following amount will be payable in advance by the candidate

- i) Tuition Fee : Rs. 100/-
ii) Field Work : Rs. 100/-
iii) Registration Fee : Rs. 05/-
iv) Examination Fee : Rs. 15/-
v) * Caution Money : Rs. 500/-

(* Refundable on completion of the Course) after deducting charges on a/c of loss/damage of articles, if any.)

Hostel Accommodation :- If required free furnished accommodation will be provided during the training. Mess charges (fixed from time to time) are required to be paid by the candidates in advance every month.

It is requested that applications on the PRESCRIBED FORM may please be sent latest by _____ in the office of Principal, LRHS, Delhi. Forms should be obtained by the candidates from the Office of the Principal, L.R.H.S., Bara Hindu Rao, Delhi-6, **By Hand/By Post** upto _____. Please visit Ministry of Health's website/www.mohfw.nic.in.

GOVERNMENT OF INDIA
LADY READING HEALTH SCHOOL
BARA HINDU RAO, DELHI-110006

FOR OFFICE USE ONLY

Form No. _____

Date of receipt _____

Student Status : Sponsored/Non-sponsored

Reserved Category : Yes/No - SC/ST

Educational Qualification :

Professional Qualification :

Registration Number :
(State Nursing Council)

Professional Experience :

Application Status : Complete Incomplete

Eligible : Yes No
Selected/Waiting/Not Selected

Signature of the Scrutinizer

Form No. _____

APPLICATION FORM FOR
ADMISSION TO THE PROMOTIONAL TRAINING FOR A.N.M. SESSION
July 2014 to December 2014

1. Name : Mrs./Miss. : _____
(In Block Letters)
2. Husband's/Father's Name : _____
3. Date of Birth :

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(Proof to be attached) Date Month Year
4. Married/Single/Widow : _____
5. Whether belongs to SC/ST : _____
(Proof to be attached)
6. Permanent Address : _____

Latest
Attested
Passport
Size
Photograph

7. Address for Correspondence (with Pin code number) : _____

8. Present Address of working Place : _____

9. Tel./Mobile Number : _____

10. A) Educational Qualification : _____
 B) Professional Qualification :

Name of Training	Name of Institution	Govt	Private	Period of Training		%age of marks obtained
				From	To	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

11. Experience :-

S.No.	Post Held	Name of Institution	From To		Years of Experience	
			_____	_____	Years	Month
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

12. Registered as A.N.M. : YES NO
 If yes :-
 Name of Registering Council : _____
 Registration No. : _____
13. Membership No of Professional Organization (TNAI) : _____
14. Name, Address & Telephone No. of local guardian, if any : _____

Dated : _____ Signature of the Candidate

NOTE:-

- Please enclose attested copies of your Educational, Professional, Registration and Experience Certificate.
- Medical Certificate (Medical Examination Form)
- Caste Certificate in case if belongs to SC/ST categories.

4. Application Form should be submitted through proper channel.

MEDICAL EXAMINATION FORM

Name : _____ Age : _____ Years

Address : _____

Family History : Have any applicant's family members had :-

Tuberculosis _____
Diabeties _____
Nervous or mental disorders _____

Personal History Had applicant even suffered from any of the following, if so when :-

a) Tuberculosis : _____
b) Cardio Diseases, Asthma : _____
c) Gastro Intestinal disorders: _____
(Appendicitis, Gall stone etc.)
d) Mental or nervous disabilities: _____
e) Arthritis : _____
f) Rhecumetic fever : _____
g) Diabeties : _____
h) Jaundice : _____
i) Typhoid : _____

When was the applicant last

a) Inoculated against typhoid: _____
b) Immunised against Cholera : _____

PHYSICAL EXAMINATION : GENERAL DEVELOPMENT

Weight _____ Height _____ Posture _____

Skin _____ Anemia _____

Any recent changes in weight _____

Clinical Examination

1. Eyes _____ Sight : Right Eye _____
Left Eye _____
2. Ears _____ Hearing : _____

3. Condition of teeth : _____
4. Tonsils and Adenoids : _____
5. Lungs : _____
6. Heart : _____
7. Pulse Rate _____ Blood Pressure _____
8. Abdomen
a) Liver _____ b) Harnia _____ c) Spleen _____
9. Glands (Typhoid-Carvical) : _____
10. Varin cose veins : _____
11. Abnormalities of feet : _____
12. Urine Analysis :
Colour _____ Sp. Qr. _____
Albumin _____ Sugar _____
13. Cases : _____
14. Blood H.B. : _____
15. Please indicate :
(a) Is the menstruation regular _____
(b) Does it interferer with the work _____
(c) Is she pregnant (in case of married) _____
16. Are any facts known to you not brought in the foregoing Examination affecting or likely to affect the health of the applicant.

17. Remarks, if any _____

Signature of Medical Officer
Registration No. _____
Address _____
