



GOVERNMENT OF KARNATAKA
NATIONAL HEALTH MISSION
Karnataka State Health and Family Welfare Society®
Arogya Soudha, Magadi Road, Bengaluru- 560023



N0.: DD(MH)/47/2022-23

Date: 26/06/2023

Official Memorandum

Sub: Invitation for applications for Nurse Practitioners in Midwifery (NPMs) at Bengaluru, Mysuru and Belagavi under National Midwifery Initiative.

With reference to the above subject, under the National Midwifery Initiative, Nurse Practitioners in Midwifery (NPMs) need to be trained for 18 months at the designated State Midwifery Institutes.

In this regard, applications are invited for the shortlisting of the candidates to undergo Nurse Practitioner in Midwifery (NPM) training for a period of 18 months (at designated SMTIs).

The following are the eligibility criteria for Nurse Practitioners in Midwifery (NPM):

- 1) Should belong to regular nursing cadre working in Health and Family Welfare or Medical Education (in that case, NOC from DME is required).
- 2) GNM (General Nursing and Midwifery) course from a recognized institute/BSc Nursing degree from a recognized university.
- 3) A registered nurse and registered midwife (RN & RM) with at least two years of experience conducting deliveries or experience working in the concerned field.
- 4) Age should be below 45 years.
- 5) Willingness to work in Bengaluru, Mysuru, Kalaburgi, Belagavi, Vijayapura and Hubballi.

Roles and Responsibilities:

1. Participants are eligible to undergo training for a period of 18 months at one of the 3 SMTIs namely Vanivilas Hospital Bengaluru, Cheluvamba Hospital Mysuru, and Belagavi District Hospital.
2. Thereafter, each participant shall practice midwifery at MLCUs which are going to be established by the Govt.
3. Initially, the MLCUs are proposed to be established at the following centres:
 - a. Vanivilas Hospital, Bengaluru
 - b. HSIS Gosha Hospital
 - c. Tumakuru District Hospital
 - d. Chitradurga District Hospital
 - e. Chikkaballapura District Hospital
 - f. Kolar District Hospital
 - g. SMT Hospital

- h. Cheluvamba Hospital
- i. Mandya Institute of Medical Sciences
- j. Kodagu District Hospital
- k. Chamrajnagara District Hospital
- l. Udupi District Hospital
- m. Gadag District Hospital
- n. Haveri MCH
- o. Belagavi District Hospital
- p. Gokak MCH
- q. Hubballi MCH

Salary and Emoluments:

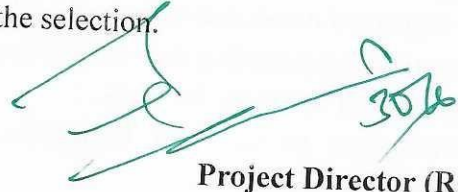
Regular salary of the Govt. There will be no additional emoluments. However, boarding, accommodation and travel charges (one-time travel from District to SMTI and back) will be provided.

Aspirants shall send their application within **10th July 2023** to ddiudkar@gmail.com

The following documents should be furnished.

1. Application form
2. Curriculum vitae (CV) / Resume
3. BSc /GNM course final year marks card (photocopy)
4. Experience letter

Note: Physical documents shall be verified during the selection.



Project Director (RCH)

Copy submitted:

1. The Commissioner, Health and Family Welfare Services
2. Mission Director, National Health Mission
3. Director, Health and Family welfare services
4. Director, State Institute of Health & Family Welfare
5. Chief Finance Officer, National Health Mission
6. President, Karnataka State Nursing Council, Bengaluru



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Application Form for State Midwifery Initiative

Applicant Information

Full Name (in capitals only): _____
First *Last*

Date of Birth: _____

Address: _____
House *Street name*

City *State* *ZIP Code*

Phone: _____ Email _____

Position Applied for: Nurse Practitioner in Midwifery
 Midwifery Educator

Are you a citizen of India? YES NO

Are you a Registered Nurse? YES NO

Are you a resident of Karnataka YES NO

If not, mention your domicile state: _____

Education

Under Graduation Degree: _____

College Name: _____

From: _____ To: _____ Did you graduate? YES NO

Post-Graduation Degree: _____

College Name: _____

From: _____ To: _____ Did you graduate? YES NO

Any Other Course:

Institution Name:

From: _____ To: _____ Did you graduate? YES NO

Previous Work Experience

1. Post: _____

Years: _____

2. Post _____

Years: _____

3. Post _____

Years: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____