



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



N0.: DD(MH)/47/2023-24

Date: 26/06/2023

**Official Memorandum**

**Sub:** Invitation for applications for Midwifery Educators at Kalaburgi, Hubballi and Vijayapura under National Midwifery Initiative.

With reference to the above subject, under the National Midwifery initiative, Nurse Practitioners in Midwifery (NPMs) will be trained by the State Midwifery Educators for 18 months at the designated State Midwifery Institutes in Karnataka.

In this regard, applications are invited for the shortlisting of the candidates to undergo state Midwifery Educators training for a period of 18 months (6 months at Vani Vilas Hospital and 12 months at designated SMTIs).

**Roles and Responsibilities of the State Midwifery Educators:**

1. Shall undergo training for 6 months at NMTI, Vanivilas Hospital and further 12 months in any of the assigned SMTIs (at Kalaburgi, Vijayapura and Hubballi). The duration of training will be 18 months.
2. Shall impart midwifery training to NPMs for a minimum of 3 batches (at least 5 years).

**The following are the eligibility criteria for the State Midwifery Educators:**

- 1) Should be a registered Nurse and belong to regular nursing cadre working in the Dept of Health and Family Welfare or Medical Education (in that case, NOC from DME is required).
- 2) MSc Nursing with a speciality in obstetrics and gynecology with a minimum of 2 years of clinical maternity working experience.
- 3) BSc /MSc Nursing candidates with a minimum of 5 years of clinical experience in maternal care, and clinical/hands-on experience in conducting deliveries.
- 4) Age should be below 45 years.
- 5) Good communication skills and willingness to work in Kalaburgi, Vijayapura and Hubballi State Midwifery Training Institute (SMTIs) for a minimum of 5 years.

**Salary and Emoluments:**

Regular Salary of the Dept and Rs. 8000 per month as incentives for the training period at NMTI and SMTI.

Aspirants shall send their application within **10<sup>th</sup> July 2023** to **ddiudkar@gmail.com**  
The following documents should be furnished.

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

**Note:** Physical documents shall be verified during the selection.

**Selection Criteria:**

1. Listing of the candidates based on their educational qualifications.
2. Written test (MCQs), OSCE and Viva Voce for the listed candidates.
3. Shortlisting of 30 candidates to undergo Midwifery Educator training.

  
**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: \_\_\_\_\_