

LADY READING HEALTH SCHOOL
GOVT. OF INDIA

No.15-1/ 2019-LRHS
Tel/Fax 011- 23613473

BARA HINDU RAO, DELHI-110006
Dated:

To

Subject:- Promotional Training for ANM from **Jan , 2020 to June, 2020** Session.

Sir/Madam,

I am to say that the next session for Promotional Training for ANM is scheduled to start from **01/01/2020**. 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 |
| b) | Experience | - | ii) A.N.M. Training from a recognized Institution. |
| c) | Eligibility | - | 5 years or more as ANM |
| | | - | 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 01/01/2020 |

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 :- At present due to some administrative problems the hostel facilities are not available.

It is requested that applications on the **PRESCRIBED FORM** may please be sent latest by **15/11/2019** 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 / Ministry of Health and family welfare Website** upto **31/10/2019**.

Please visit Ministry of Health's website /www.mohfw.nic.in. and Lady Reading Health School Website /www.ladyreadinghealthschool.com.

Principal

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
January 2020 to June 2020.

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
to be fixed

Contd...2..

- : 2 : -

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:-

1. Please enclose attested copies of your Educational, Professional, Registration and Experience Certificate.
2. Medical Certificate (Medical Examination Form)
3. 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 :-

- (a) Tuberculosis _____
- (b) Diabetes _____
- (c) 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) Rheumatic fever : _____
- g) Diabetes : _____
- 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 : _____

P.T.O.

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 interfeerer 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 _____
