

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 2016 to Dec. 2016

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

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

 : \_\_\_\_\_  
(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

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:-**

- 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.
- Application Form should be submitted through proper channel.

7. Pulse Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_
8. Abdomen  
a) Liver \_\_\_\_\_ b) Harnia \_\_\_\_\_ c) Spleen \_\_\_\_\_
9. Glands (Typhoid-Carvical) : \_\_\_\_\_
10. Varinose 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 \_\_\_\_\_

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.

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 15<sup>th</sup> May 2016 on the prescribed forms obtainable on any working day from the Office of the Superintendent, Lady Reading Health School, Bara Hindu Rao, Delhi-110006 on or before 01.05.2016 for 6 (six) months training for promotional training for ANMs commencing from 1st July 2016 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 1st May 2016

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

भारत सरकार  
लेडी रीडिंग स्वास्थ्य विद्यालय, बाड़ा हिन्दू राव, दिल्ली-110006  
महिला स्वास्थ्य सहायक/लेडी हेल्थ विजिटर हेतु सर्टिफिकेट कोर्स  
ए.एन.एम. के पदोन्नति हेतु प्रशिक्षण

#### प्रवेश सूचना

1, प्रायः 2016 से प्रारम्भ होने वाले ए.एन.एम. के पदोन्नति हेतु प्रशिक्षण कार्यक्रम के लिए विधिवत भरे गए आवेदन पत्र दिनांक 15.05.2016 तक अधिकािका, लेडी रीडिंग स्वास्थ्य विद्यालय, बाड़ा हिन्दू राव, दिल्ली-110006 के कार्यालय में पहुँच जाने चाहिए। इच्छुक अभ्यर्थी आवेदन पत्र का नियोजित फार्म अधिकािका, लेडी रीडिंग स्वास्थ्य विद्यालय, बाड़ा हिन्दू राव, दिल्ली-110006 के कार्यालय से 01.05.2016 तक किसी भी कार्यदिवस को प्राप्त कर सकते हैं। कुल सीटें 20 हैं जिसमें से 3 सीटें अनुजाति व 2 सीटें अनु. जन जाति के लिए आरक्षित हैं।

#### प्रवेश अर्हताएँ

1. अभ्यर्थी ने ए.एन.एम. का प्रशिक्षण भारतीय उपचर्या परिषद के पाठ्यक्रमानुसार सफलतापूर्वक उत्तीर्ण किया हो तथा भारत में किसी भी राज्य के नर्सिंग पंजीकरण संस्थान से पंजीकृत हो।
2. ए.एन.एम. के पद पर 5 पाँच वर्ष का अनुभव अनिवार्य है।
3. केवल प्रायोजित अभियार्थी ही प्रशिक्षण के पात्र हैं।
4. आयु सीमा - 55 वर्ष तक

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