

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

NOTIFICATION
Imphal, the 21st January, 2022

No. G/Award(Nsg)2017-DHS: In inviting a reference to Secretariat : Health Department letter No.2/1/2021-HS-HEALTH dated 20/01/2022, it is hereby notified to all the CMOs/HOOs/MSs/ DDOs/POs/MOs i/c under Health Department, Manipur and Heads of all Health Institutions (Private Hospitals, Mission Hospitals, Hospitals run by NGOs & Nursing Institutions) that applications are invited from the deserving Nursing Personnel working under their jurisdictions for nomination of National Florence Nightingale Award-2022 in the prescribed application form which can be downloaded from the official website of this Directorate i.e. www.manipurhealthdirectorate.in.

The duly filled-in application form along with supporting documents should reach the undersigned through proper channel on or before **15/02/2022**.

(Dr. K. Rajo Singh)
Director of Health Services, Manipur.

Endt. No. G/Award(Nsg)2017-DHS :
Copy to:-

Imphal, the 21st January, 2022

1. The Additional Chief Secretary (Health & FW), Government of Manipur.
2. The Director of Family Welfare Services, Manipur.
3. The Director of Information and Public Relations, Manipur.
4. The Administrative Officer, Medical Directorate/JN Hospital, Imphal.
5. The CMOs/HOOs/MSs/ DDOs/POs/MOs concerned.
6. The News Editor, AIR Imphal. He is requested to broadcast the Notification in the news bulletin.
7. The News Editor, ISTV Imphal. He is requested to broadcast the Notification in the news bulletin.
8. The Editor.....daily newspaper. He is requested to cover the Notification as news item.
9. Order Book/ Guard File.

(Dr. K. Rajo Singh)
Director of Health Services, Manipur.

राष्ट्रीय फ्लोरेंस नाइटिंगेल नर्स पुरस्कार 2022 के लिए आवेदन पत्र
APPLICATION FORM FOR
THE NATIONAL FLORENCE NIGHTINGALE NURSES AWARD 2022

नवीनतम फोटो
चिपकायें
Paste Recent
Photograph

1. नाम (बड़े अक्षरों में)
Name (In Block Letters) _____
2. श्रेणी / Category
नर्स/NURSE (ii) आर.एन. एंड आर.एम. संख्या /
RN&RM NO. _____
ए.एन.एम./ANM (i) आर.ए.एन.एम. संख्या /
RANM No. _____
एल.एच.वी./LHV (iii) आर.एल.एच.वी. संख्या /
RLHV No. _____
3. जन्म तिथि के साथ आयु
Age with Date of Birth दिनांक / माह / वर्ष
DD / MM / YYYY
4. पिता / पति का नाम
Father's/Husband's Name _____
5. पत्रव्यवहार के लिए वर्तमान पता
(पिन कोड के साथ)
Current Address for Communication
with Pin Code _____

- 5.1 दूरभाष संख्या (निवास)
Telephone No. (Residence) _____

- 5.2 मोबाइल संख्या Mobile No. _____
- 5.3 ई-मेल पता, अगर कोई है
E-mail Address, if any _____

6. वर्तमान में कार्यरत अस्पताल / संस्थान का नाम और पूरा पता
Name & Complete Address of Hospital/Institution where currently working

6.1 दूरभाष संख्या (कार्यालय)
Telephone No. (Office)

6.2 ई-मेल पता, अगर कोई है
E-mail Address, if any

7. वर्तमान पदनाम
Post held at present

8. यदि सेवानिवृत्त हो तो, सेवानिवृत्ति की तिथि, यदि लागू हो
Whether retired if so, the date of retirement, if applicable

9. सेवानिवृत्ति के समय पदनाम, यदि लागू हो
Post held at the time of retirement, if applicable

10. नर्सिंग सेवाओं में अनुभव का विवरण
Details of experience in nursing services.

11. शैक्षिक योग्यतायें / Qualifications

पाठ्यक्रम Course	उत्तीर्ण वर्ष Year of Passing	संस्थान का नाम Name of Institution	परीक्षा बोर्ड / विश्वविद्यालय का नाम / Name of Exam. Board/University
ए.एन.एम. / एल.एच.वी. A.N.M. / L.H.V.			
जी.एन.एम. G.N.M.			
बी.एससी. (एन) / पी.बी.बी.एससी. (एन) B.Sc.(N)/P.B.B.Sc.(N)			
एम.एससी. (एन) M.Sc. (N)			
एम.फिल. M.Phil.			
पी.एचडी. (एन) Ph.D. (N)			

12. व्यावसायिक संस्था / संस्थाओं की सदस्यता (सदस्यता संख्या के साथ)
Membership with professional organization/s with membership number

13. सक्षम प्राधिकारी द्वारा सतर्कता अनापत्ति शपथ पत्र
Vigilance Clearance affidavit by the competent Authority

14. कोई अन्य जानकारी
Any other information

आवेदक के हस्ताक्षर / Signature of the Applicant _____

नर्सिंग अधीक्षक / प्रधानाचार्य / जिला चिकित्सा अधिकारी / जिला लोक स्वास्थ्य नर्सिंग अधिकारी / संस्थानाध्यक्ष आदि द्वारा अनुशंसित
Recommended by Nursing Superintendent/Principal/District Medical Officer/District Public Health Nursing Officer/Institutional Head etc.

स्थान एवं तिथि: / Place & Date:

संस्थानाध्यक्ष के हस्ताक्षर
Signature of Head of the Institution
सील / Seal

सचिव, स्वास्थ्य एवं परिवार कल्याण द्वारा (पुरस्कार हेतु राज्य / केन्द्रीय चयन समिति) को अग्रेषित किया गया।
Forwarded by Secretary, Health & FW (State/Central Selection Committee for the Awards)

स्थान एवं तिथि: / Place & Date:

हस्ताक्षर / Signature
सील / Seal