



## **NATIONAL NEONATOLOGY FORUM OF INDIA**

National Neonatology Forum, Nextra the Address  
6th Floor, Tower-B, Plot No- 4B,  
District Center, Extension, Mayur Vihar,  
New Delhi, Delhi 110091 Mob-8527453535

Photograph

**Society Registration No. S/12637/1982**

### **APPLICATION FORM FOR NURSING TRAINEE FELLOWSHIP**

#### **Rules for selection of candidates**

The National Neonatology Forum of India (NNF) shall award Nursing Trainee Fellowships every year to the members of the NNF who have completed training in Neonatology in NNF accredited centers anywhere in India. The National Neonatology Forum of India (NNF) shall award Trainee Fellowship every year to eligible candidates.

#### **ELIGIBILITY:**

1. Candidates should passed BSC nursing or general nursing with or without midwifery.
2. Tenure: For BSC 1 year & for GNM 1 ½ year
3. Age no bar.
4. The applicant should categorically indicate that the training received by him/her will be of use to the Institution / private practice.
5. Candidate should attach photocopy of this degree/certificate required for eligibility in their application to central NNF secretariat. The application form should be countersigned and forwarded by the institution/guide.
6. The application will be invited through an announcement in NNF's publications or any other form like circular and the applicant will have to submit their NNF fellowship application form along with the **Rs. 5,900/- (fellowship candidate registration fee 5,000 + 18% GST extra) in favor of "National Neonatology Forum"** within a stipulated time to the NNF Secretary, 803, 8th Floor, A-9 Northex Tower, Pitampura, New Delhi - 110034 (India)
7. If candidates are unable to obtain the centers of their choice, they are at liberty to opt for other centers, where the seats are vacant.

8. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centers regarding accommodation, library fees, messing etc.
9. Admission process - Interview at local, Admission through central registration.
10. The Candidate who wish to join NNF fellowship should be life member of NNF. **NNF Offline Membership Applications No Longer Accepted-Only Can Apply Online.** Link to ONLINE apply NNF membership <https://www.nnfi.org/nnf-membership-online-form.php>
11. The fellowship candidate will have to attend online neonatology training sessions for Nurses held by the NNF (NOEL). A minimum 75% attendance would be required for the eligibility for the fellowship exit exam. The candidates should log in from their own ID that has been registered.

**Bank Details for NEFT/RTGS Transfer:**

**Account No:** 91191010001308

**Bank Name:** Canara Bank

**Branch:** DTC Wazirpur, New Delhi-110035

**IFSC Code:** CNRB0019119

**MICR:** 110015402

**Account Name:** National Neonatology Forum

**Type of account:** Current

**UPI Barcode**





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### APPLICATION FORM FOR NURSING TRAINEE FELLOWSHIP

#### 1. Personal Information

Surname \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender  Male  Female

Date of Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Marital Status  Single  Married

#### 2. Contact Details

Address \_\_\_\_\_

Pin code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

NNF Membership No \_\_\_\_\_ MCI No \_\_\_\_\_ D/M/Y Joining of Fellowship \_\_\_\_\_  
(Attach Copy) (Attach Copy)

#### 3. Contact Details of Institution

Name of training hospital \_\_\_\_\_

Address \_\_\_\_\_

Pin code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Name of Observer \_\_\_\_\_

#### 4. Qualifications (Provide Proof)

Nursing Qualification	Name of the University	Qualifying Date

#### 5. Prizes or distinctions obtained during Nursing Examinations:


#### 6. Appointments held till date:

S.No	Designation	Period	Teaching /Non-Teaching

7. Neonatal training after Nursing if any from India or Abroad:

8. Any other skill training in related fields:

9. Number of publications (attach list):

10. Research presentations made in various scientific meetings (name of conference, title of paper, year – attach list):

11. Name and Address of the Institution where training is desired (enclose a letter of acceptance by the training institution)

12. Give justifications for the training sought

Certified that the above particulars are correct

**(Signature of Applicant)**

Place:

Date :

## Details of Payment:

DD No/NEFT/UPI No \_\_\_\_\_ Rs. \_\_\_\_\_ Date \_\_\_\_\_

Drawn on \_\_\_\_\_ Branch \_\_\_\_\_

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