

**GOVERNMENT OF ARUNACHAL PRADESH
HEALTH AND WELLNESS CENTRE
DHS-NAHARLAGUN**

[Call for applications for 6-month Certificate Course in Community Health for Nurses under Arunachal Pradesh Health Mission/Society](#)

National Health Mission, Arunachal Pradesh on behalf of the nation invites the candidates who are willing and enthusiastic to serve the community by bringing health care services to the doorsteps of the community to apply for the 4th session of 6-months Certificate Course in Community Health. This course is part of an initiative under the National Health Mission to strengthen Sub-centres as Health & Wellness Centres (H&WC) for improved implementation of Public Health Programmes and to enable Comprehensive Primary Health Care Service delivery, including disease prevention and health promotion.

Candidates who successfully complete this course will be posted at these Sub-centres as Health and Wellness Officers (HWOs) to lead a primary healthcare team.

The program will be implemented through the Indira Gandhi National Open University (IGNOU).

The eligibility criteria for applying for the program are as follows:

Essential criteria:

1. General Nursing and Midwifery /Bachelor of Science in Nursing registered at Arunachal Pradesh Nursing Council, Naharlagun
2. Less than 35 years of age; however, less than 40 years for the SCs and STs.

Desirable criteria:

1. Work experience in the Public Health System, preferably at the Primary Health Centre level
2. 2 (two) years of relevant work experience in the health sector

- Note:**
1. In-service contractual nurses shall be preferred over fresh candidates
 2. The course is open to **ALL EXCEPT** Regular State Government Employees of the Arunachal Pradesh.
 3. Arunachal Pradesh National Health Mission shall provide support for boarding and lodging allowance; IGNOU fees; transport for practicum, and other training related costs. Apart from this, in-service contractual candidates will continue to receive their salary during the training period.
 4. After successful completion of the course, the successful candidates will be posted at the identified Sub-Centres/ Health & Wellness Centres as Health and Wellness Officers with fixed emolument of Rs 25,000 per month and additional performance based incentives up to Rs 15,000 per month.
 5. All application will be subjected to a screening process and shortlisted candidates will have to undergo a written examination.
 6. Please note that **1st May, 2019** shall be taken as reference date for computing experience, age, qualification etc.
 7. The candidates shall sign a surety BOND of serving as HWO in HWC SC for a minimum period of 3 (three) years after successful completion of the course or if otherwise, the expenses incurred by her in connection with the programme shall be recovered by NHM.

Eligible candidates may submit their application (annexure) to **Deputy Director, Nursing, Directorate of Health Services, Naharlagun, Arunachal Pradesh-791110**. Or send by Indian post to the address above and reach on or before 7th June, 2019, mentioning clearly **“application for 6- months Certificate Course in Community Health for Nurses”** on the centre top of the envelope. Documents to be submitted include (a) duly filled Application form (b) 2 passport size recent photos, (c) Curriculum Vitae, and (d) copies of Qualification, Nursing Council Registration and Experience certificates.

LAST date of application submission is 7th June, 2019

**Mission Director
NHM,
Arunachal Pradesh**

APPLICATION FORM

**Certificate Course in Community Health for Nurses (CCCHN)-July, 2019
Government of Arunachal Pradesh**



- 1. Full Name in BLOCK LETTER :
- 2. Father's Name/Husband's Name :
- 3. Date of Birth :
- 4. Age (as on 1stMay, 2019) :
- 5. Category(ST/SC/Gen/OBC) :
- 6. Gender :
- 7. Marital status :
- 8. Qualification :
- 9. :
- 10.Registration no. (APNC) :
- 11. Permanent address :

12. Present address :

13. Telephone/ Mobile no. :

14. Email ID :

15. Nationality :

16. Details of Examination Passed :

Sl. No.	Name of the Nursing School/College	Address	Name of the Board/Council/University	Year of passing

17. Experience :

Sl. No.	Name of the Hospital/Institute	Post held	Period of service	
			From	To

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature is liable to be terminated without any notice.

Place :

Date :

Signature of the applicant