



THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
OFFICE OF THE MISSION DIRECTOR NATIONAL HEALTH MISSION

E.mail: mdnhmladakh@gmail.com

Advertisement Notice No. 12/SHS/L/NHM/HR of 2021

Dated: 26/07/2021.

Subject:-Advertisement Notice for 6 months Bridge Programme on Certificate in Community Health for Nurses willing to serve in Health & Wellness Centres UT Ladakh

Application are invited from GNM/B.SC candidates of UT Ladakh for admission in Nursing Bridge Programme six month certificate course, to equip nurses with competencies in delivering primary healthcare and Public health care services, who are willing to serve in Health & Wellness centres(Upgraded Sub Centre) as Community Health Officer (CHO).

The course will be implemented, trained and certified through registered IGNOU, Centre, UT Ladakh (AMT School Leh & GNM School Kargil). The Interested eligible candidates are advised to submit their applications (complete in all respects) to the Office of the Mission Director, National Health Mission, UT Ladakh, behind radio Station, Leh before 8th Aug-2021 by 4:30pm.

| S. No | Name of the Certificate Course | Eligibility Criteria | Course Duration |
|-------|--|---|-----------------|
| 1. | Bridge Programme on Certificate in Community Health for Nurses | 1)Eligibility: B.Sc. in Nursing/GNM Diploma from a recognised institute/University 2) Age: Max. age limit upto 45years | Six Months |

Terms & Conditions:-

1. Local Candidate shall be given preference for the bridge Programme.
2. The No. of vacancies will be notified separately as per ROP 2021-22, UT Ladakh
3. Fee for the said course shall be borne by the State Health Society UT Ladakh under NHM
4. List of documents to be attached with the application:-
 1. Date of Birth Certificate
 2. Aadhaar card.
 3. Diploma/Degree
 4. Nursing council Registration Certificate.
 5. Marks sheet of all years of the required qualification
 6. Experience certificate if any by the concerned competent authority
5. Application not falling in the prescribed criteria or with our aforesaid documents shall be rejected out rightly
6. Selection of the candidates shall be done through proper screening test (Entrance Examination), as per the NHM norms

For any query, candidates may contact on below contact details

Mobile:- 7051380366

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Dr Iftakhar Ahmed Chowdhry (IRS)

Mission Director, NHM
UT Ladakh

No:- SHS/L/NHM/H&WC/ 684-703

Dated: 26/07/2021

Copy to the:-

1. Principal Secretary, Health & Medical Education UT of Ladakh for information.
2. Joint secretary Policy, MoHFW, GoI for information
3. Deputy Commissioner(Chairman District Health Society) Leh/Kargil for information
4. Director Health Services, UT Ladakh for information
5. Director Information UT Ladakh for information with the request to advertisement and local News papers of Leh & Kargil District.
6. CMO, Leh/Kargil for information & N.A
- ✓ 7. Technical Director NIC Leh/Kargil for information with the request to upload on the advertisement notice and Prescribed form on the NIC Website
8. Dy. Director, employment and counseling centre, Leh/Kargil for information with a request to put the Advertised notice on the office notice board for mass publicity.
9. Assistant Director, AIR, Leh/Kargil for information with a request to broadcast in the local employment new bulletin for mass publicity
10. OSD with Hon'ble Lieutenant Governor UT-Ladakh for kind information of the Hon'ble Lieutenant Governor.
11. OSD with Advisor to Hon'ble Lieutenant Governor UT-Ladakh for kind information of the Advisor.5
12. Private Secretary to Hon'ble Chief Executive Counselor (LAHDC) Leh/Kargil for kind information to the HCEC, Leh/Kargil
13. Office Notice Board.


Mission Director, NHM
UT Ladakh


The Administration of Union Territory Of Ladakh

OFFICE OF THE MISSION DIRECTOR, NATIONAL HEALTH MISSION, UT LADAKH

**A) APPLICATION FORM FOR BRIDGE PROGRAMME IN COMMUNITY HEALTH UNDER
NATIONAL HEALTH MISSION UT LADAKH**

1. Programme Applied for _____

2. Name of the Candidate _____

3. Parentage _____

4. Date Of Birth _____

5. Permanent Address _____

6. Email/Contact No: _____

7. Details of Qualification (Year Wise):-

| Examination passed | Board/Universit y | Year of Passing | Marks Obtained/Max Marks | Percentage of marks obtained |
|-----------------------|----------------------|--------------------|--------------------------------|------------------------------------|
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Latest passport
photograph
Self Attached

8. Nursing Council Registration No:-.....Name of the Nursing

Council:-.....

9. List of Supporting Documents to be attachment with the application

A. Address Proof:- Passport/Aadhar card/Pan card **B.** Nursing Council Registration Certificate.
Degree/Diploma from Recognized institution **C.** Marks Cards **D.** Experience if any.

10. I do hereby declare that :-

A) The Statement in this application form is true to the best of my Knowledge and belief.

Signature of the applicant.