



All India Institute of Medical Sciences Bhopal

Application Form for the Hospital Infection Control Certificate Program (HICCPN)

Advt. No. AIIMS/Bhopal /2018/AC-2 dated 17/05/2018

Affix you recent
coloured passport
Photograph with
signature

1. Course applied for

2. Name (in Block Letters)

3. Father's/Husband's Name

4. Mother's Name

5. Address (Permanent)

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(Address proof to be enclosed)

6. Address for correspondence

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Contact No.Mobile No.....

E-mail.....

(In Capital)

7. Date of Birth:

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(dd/mm/yy)

8. Category: (GEN/SC/ST/OBC/PwD-OPH).....

9. Age as on last date of submitting the application:

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(dd/mm/yy)

10. Gender : M/F

11. Educational/ Professional Qualification:

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/ Division

12. Research Publications/ Presentation

Title of Publication	Author/Co Author	Name of Publication	National /International	Date of Publication/ Presentation

13. Project with Grant

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount

14. Work Experience:

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	Date of Leaving

Note: Experience certificate to be attached

15. Whether B.Sc Nursing /Post Nursing (Post – Certificate)/Post Basic Nursing degree is recognized by Nursing Council of India: Yes/No

16. Whether registered with State Nursing Registrar or Nursing Council of India : Yes/No
(Attached the copy of registration)

A) Registration No.

B) State in which registered.

17. Fee Details: D.D. No. _____ Amount (in Rs.) _____

Dated _____ Bank Name _____

18. Certificate and format from the employer duly signed & sealed

1. Name of the Employing Origination : _____

2. Type of Organization : Central Government State Government
 Government Autonomous Organization
 Public Sector Enterprise

3. Address of Administrative : _____

Officer/HR Manager _____

Phone : _____ Fax: _____

Email : _____ Mob. _____

4. Designation of the employee : _____

Seeking admission in AIIMS Bhopal

5. Employment Details : _____

a) First joined on (date) : _____

b) Holding the present : _____

Position since (date)

Certified that, Mr/Ms. _____ employed as _____ in this organization and he/she is sponsored for admission to Full Time Hospital Infection Control Certificate Program for nurses (HICCPN) of AIIMS, Bhopal. He/She has been employed in this organization for the past _____ years in a regular cadre. If selected as a sponsored candidate the organization has no objection to his/her undergoing Hospital Infection Control Certificate Program (HICCPN) at AIIMS, Bhopal. This origination shall provide one year study leave to the candidate.

Signature of Applicant

Signature & Seal of Competent Authority

(OFFICIAL SEAL OF THE SPONSORING ORGINASATION)

Name, Designation

Clarifications & Enquiries: Phone No. 0755- 2672355 Email registrar@aiimsbhopal.edu.in

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature is liable to be cancelled/ terminated. I shall abide by terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

Date:

(Signature of Candidate)

Place:

Name:.....

Enclosure Checklist:

Sl.No	Copy of the Certificate	Please Tick
1	Class X & XII Mark sheet/certificate for Date of Birth	
2	B.Sc Nursing /Post Nursing (Post – Certificate)/Post Basic Nursing degree Mark Sheet & Certificate	
3	Nursing Council of India registration	
4	SC/ST/OBC/PH certificate issued by the competent Authority (If applicable)	
5	Copies of any other relevant documents	