

**GOVERNMENT OF WEST BENGAL**  
**DIRECTORATE OF HEALTH SERVICES**  
**NURSING BRANCH**  
**SWASTHYA BHAWAN, WING A, 1<sup>ST</sup> FLOOR**  
**GN-29, SECTOR-V, SALT LAKE CITY**  
**KOLKATA – 700 091**

Memo No. HNG/9C-7-2009/ 1228

Date : 17-12-19

To

The

MSVP//Director//Medical Superintendent//CMOH//Superintendent//Principal (CON)/ PNO/  
DPHNO/Nursing Superintendent/Sr. Sister Tutor- District Hospital/Bankura/Birbhum / Burdw./  
Coochbehar/Dakshin Dinajpur/Darjeeling/Howrah/Hooghly/Jalpaiguri/Kolkata/ Malda/  
Murshidabad/Nadia/North 24-Pgs./Paschim Medinipur/Purba Medinipur/Purulia/South 24-Pgs./  
Uttar Dinajpur/Jhargram Health District/Nandigram Health District/Basirhat Health  
District/Diamond Harbour Health District/Rampurhat Health District/Bishnupur Health  
District/Asansol Health District/Kalimpong Health District/Alipurduar Health District/MCH,  
Kol./SSKM Hosp./NRSMCH/RG Kar MCH/CNMCH/Burdwan MCH/BSMCH/NBMCH/MMCH/LDV  
Hospital/SNP Hospital/Vidyasagar Hospital/CRSS/IDBG Hospital/Malda MCH/Sagar Dutta COM/JNM  
Hospital, Kalyani/Dr. H.C.M.M. Health School, Singur/NSS Kalyani/Gandhi Memorial Hospital.

Ref : F. No. 22-15/2019-INC/4197 dated 25-11-2019 from President Indian  
Nursing Council, New Delhi.

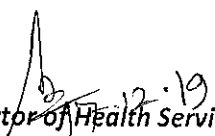
Sub : Recommendation for **National Florence Nightingale Nurses Award,**  
**2020**

You are requested to recommend Nursing Personnel from different categories i.e. 1) Grade I(i)/Gr. I(ii)/Gr. II/Gr. III 2) Health Assistant (F) 3) HS(F)/ PHN/Sr. PHN Gr. 1(ii) under your control for nomination of National Florence Nightingale nurses Award, 2020 as a mark of highest recognition for meritorious services of the nurses and nursing profession in the country.

The names of the nominees along with their resume and documentary proofs in support of claim for award should reach to the undersigned by 3<sup>rd</sup> February, 2020.

Selection criteria, Application Form and Instruction for preparing resume of nominees for the award are given in the attached Annexure I, II, III and IV respectively.

Enclo : As stated.

  
**Jt. Director of Health Services**  
**(Nursing), West Bengal**

**GOVERNMENT OF WEST BENGAL**  
**DIRECTORATE OF HEALTH SERVICES**  
**NURSING BRANCH**  
**SWASTHYA BHAWAN, WING A, 1<sup>ST</sup> FLOOR**  
**GN-29, SECTOR-V, SALT LAKE CITY**  
**KOLKATA - 700 091**

Memo No. HNG/9C-7-2009/ 1229

Date : 17.12.19

To  
The Managing Director/Secretary/Hospital Administrator/  
C.E.O./Principal, College of Nursing and School of Nursing  
Of all Hospitals under Private, Missionary and Voluntary  
Organizations and Autonomous Institutions

Ref : F. No. 22-15/2019-INC/4197 dated 25-11-2019 from President Indian  
Nursing Council, New Delhi

Sub : Recommendation for National Florence Nightingale Nurses Award, 2020

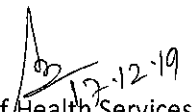
Sir/Madam,

You are requested to recommend the name of nursing personnel working under your control to nominate for **Florence Nightingale Award, 2020** as a mark of highest recognition for meritorious services of the nurses and nursing profession in the country.

The names of the nominees along with their resume and documentary proofs in support of claim for award should reach to the undersigned by 3<sup>rd</sup> February, 2020.

Selection criteria, application form and Instruction for preparing resume of nominees for the award are given in the attached Annexure I, II, III and IV respectively.

Thanking you.

  
Joint Director of Health Services (Nursing)  
Government of West Bengal

Enclo : As stated.

वर्ष 2020 के लिए राष्ट्रीय फ्लोरेंस नाइटिंगेल नर्स पुरस्कार हेतु  
आवेदन/नामांकन के लिए दिशानिर्देश

**GUIDELINES FOR APPLICATIONS/NOMINATIONS FOR THE  
NATIONAL FLORENCE NIGHTANGLE NURSES AWARD FOR THE YEAR 2020**

1. भारत सरकार द्वारा निम्नलिखित तीन श्रेणियों में 13 फरवरी, 2020 तक नर्सों से आवेदन/नामांकन आमंत्रित किए जाते हैं :-  
Government of India, invites the applications / nominations from the Nurses by 13<sup>th</sup> February, 2020 in the following three categories namely:-

| क्र.सं. /<br>S.No. | श्रेणी / Category   | पुरस्कारों की संख्या /<br>Number of Awards |
|--------------------|---|--|
| 1.                 | पंजीकृत सहायक नर्स एवं दाई /<br>Registered Auxiliary Nurses & Midwife   | 12   |
| 2.                 | पंजीकृत नर्स एवं दाई /<br>Registered Nurses and Midwife                 | 20   |
| 3.                 | पंजीकृत महिला स्वास्थ्य परिदर्शिका /<br>Registered Lady Health Visitors | 3  |

2. पात्रता मानदंड:- संबंधित श्रेणी में न्यूनतम 10 वर्ष का अनुभव। असाधारण प्रदर्शन के मामले में उम्र की कोई बाधा नहीं होगी।  
**Eligibility Criteria:-** Minimum 10 years of experience in the respective category. In case of extraordinary performance age may not be a constraint.
3. आवेदन पत्र का प्रारूप अनुलग्नक-II के रूप में संलग्न है।  
The format of the Application Form is enclosed at **Annexure-II**.
4. राज्य सरकार, केन्द्र सरकार, निजी संस्थानों/मिशनरियों और संबंधित राज्यों के प्रमुख स्वैच्छिक संस्थानों से नामांकन मांगे जाने चाहिए।  
The nominations should be called from State Government, Central Government, Private Institutions/Missionaries and Prominent Voluntary Organisations of the concerned State.
5. सभी नामांकनों का नियंत्रण संबंधित राज्य के सचिव (स्वास्थ्य एवं परिवार कल्याण) द्वारा किया जाना चाहिए।  
All nominations should be handled by the Secretary (Health & Family Welfare) of the concerned State except Central Government Institutions, Autonomous Organisations.
6. विश्वविद्यालय, अर्ध-सैन्य बल, सैन्य नर्सिंग बल, एम्स, ईएसआई, रेलवे और आयुध कारखाने आदि जैसे केंद्र सरकार के संस्थानों द्वारा आवेदन संस्थानाध्यक्ष के माध्यम से सीधे भारतीय उपचर्या परिषद् (आईएनसी) को भेजे जा सकते हैं।  
Central Government Institutions like Universities, Paramilitary Forces, Military Nursing Forces, AIIMS, ESI, Railways and Ordnance Factories etc. may directly send the applications to the Indian Nursing Council (INC) through the Head of Institutions.
7. सचिव (स्वास्थ्य एवं परिवार कल्याण) की अध्यक्षता वाली राज्य चयन समिति द्वारा चयन के बाद निरपवाद अनुशंसित पुरस्कार नामितों के आवेदनों को ही भेजा जाना चाहिए।  
The applications of the recommended Awardees must invariably be sent after making selection by the State Selection Committee headed by Secretary, Health & Family Welfare.

8. किसी भी परिस्थिति में राज्य चयन समिति के विचार और अनुशंसा के बिना कोई भी नामांकन नहीं भेजा जाना चाहिए। अगर नामांकन बिना अनुशंसा के प्राप्त होता है तो उस पर केंद्रीय चयन समिति द्वारा विचार नहीं किया जाएगा।

No nomination in any case should be sent without considering and recommendation of the State Selection Committee. If the nomination is received without the recommendation that will not be considered by the Central Selection Committee.

9. नर्स को राष्ट्रीय प्रशंसनीय पुरस्कार के चयन के लिए अपने दावे के समर्थन में सभी दस्तावेज चयन समिति के अवलोकनार्थ प्रस्तुत करने होंगे, जिनसे यह साबित हो सके कि उसने सामान्य उतरदायित्व वाले अन्य लोगों की तुलना में सामान्य रूप से अपेक्षित कर्तव्यों से परे प्रदर्शन किया है। नामितों का संक्षिप्त विवरण (रिज्यूम) तैयार करने के लिए निर्देश/जांच सूची अनुलग्नक-III के रूप में संलग्न है।

The nurses to be selected for a national meritorious award should furnish documents in support of her/his claim for the perusal of Selection Committee that she/he has performed beyond the normal expectation of the job when compared to others with equivalent attribute. The instructions/checklists of the documents for preparing resume of the nominee is enclosed at Annexure-III.

10. अपूर्ण आवेदन या निर्धारित तिथि के बाद प्राप्त आवेदन अथवा प्राधिकृत अधिकारियों द्वारा अग्रेषित नहीं किए गए आवेदन पुरस्कार के लिए विचारणीय नहीं होंगे और इस मामले में आगे कोई संदर्भ नहीं दिया जाएगा।

Incomplete application or application received after the prescribed date or without forwarded by the prescribed authorities will not be eligible for consideration of award and no further reference in the matter will be made.

11. निर्धारित प्रोफार्मा में आवेदन साथ निम्नलिखित दस्तावेज संलग्न किए जाने चाहिए :-

- क) दो पासपोर्ट आकार के फोटोग्राफ
- बी) शैक्षिक योग्यता और पंजीकरण प्रमाण पत्र के साथ जीवनवृत्त (बायोडाटा), उपलब्धियों का सारांश - उसके समर्थन में दस्तावेजों के साथ (जैसा कि मानदंडों में वांछित है)।
- ग) मसौदा उद्धरण / ड्राफ्ट साइटेशन (एक पृष्ठ से अधिक नहीं होनी चाहिए)।

Application in the prescribed Proforma should be accompanied by:-

- a) Two passport sized photographs.
- b) Biodata with qualification and registration certificates, summary of achievements & documents in support thereof (as desired in the criteria).
- c) Draft Citation (not exceeding one page).

12. विधिवत रूप से अनुशंसित और पूर्ण रूप से भरे हुए आवेदन अध्यक्ष, भारतीय उपचर्या परिषद, 8वां तल, एनबीसीसी केंद्र, प्लॉट नं. 2, सामुदायिक केंद्र, ओखला फेज-1, नई दिल्ली-110020 को 31 फरवरी, 2020 तक भेजे जाने चाहिए। अंतिम तिथि के बाद प्राप्त आवेदनों पर विचार नहीं किया जाएगा।

Application duly recommended and complete in all respect should be sent to the President, Indian Nursing Council, 8<sup>th</sup> Floor, NBCC Centre, Plot No. 2, Community Centre, Okhla Phase-I, New Delhi-110020 latest by 13<sup>th</sup> February, 2020. Application received after the last date will not be entertained.

13. सहायक नर्स एवं दाई, पंजीकृत नर्स एवं दाई और पंजीकृत महिला स्वास्थ्य परिदर्शिका (नर्स शिक्षक, प्रशासक और नैदानिक नर्स) के मूल्यांकन हेतु मानदंड अनुलग्नक-IV के रूप में संलग्न हैं।

The Criteria for evaluation of Auxiliary Nurses & Midwife, Registered Nurses and Midwife & Registered Lady Health Visitors (Nurse Educator, Administration and Clinical Nurses) is placed at Annexure-IV.

14. केंद्रीय और राज्य चयन समिति की संरचना अनुलग्नक-V के रूप में संलग्न हैं।

Composition of the Central and State Selection Committee is placed at Annexure-V.

राष्ट्रीय फ्लोरेंस नाइटिंगेल नर्स पुरस्कार 2020 के लिए आवेदन पत्र  
APPLICATION FORM FOR  
THE NATIONAL FLORENCE NIGHTINGALE NURSES AWARD 2020

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

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

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13. कोई अन्य जानकारी  
Any other information

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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

राष्ट्रीय फ्लोरेंस नाइटिंगेल नर्स पुरस्कार 2020  
THE NATIONAL FLORENCE NIGHTINGALE NURSES AWARD 2020

दिशानिर्देश/जांच सूची  
INSTRUCTIONS/CHECKLISTS

1. उस श्रेणी का उल्लेख करें जिसके अन्तर्गत नर्स को नामांकित किया गया है।  
Mention the category against which the Nurse is nominated.

2. किस श्रेणी के लिए :-  
For Category:

2.1 कार्यक्रम/घटना के समय, स्थान, परिस्थितियों, किए गए कार्य और वृत्तान्त की मान्यता का विवरण दिया जाना चाहिए, जिससे यह दर्शित हो कि व्यक्ति नामांकन के लिए आवश्यक सभी मानदण्डों को पूरा करता/करती है। अखबारों में छपे लेख, जर्नल में छपे लेख, प्रशस्ति पत्र और अन्य दस्तावेज, जो उम्मीदवार के आवेदन को मजबूती प्रदान करते हैं, भी भेजे जा सकते हैं।

The narration should give the time, the place, the circumstances, the deed and the recognition of the event which qualifies the individual for nomination. Newspaper articles, journal articles, letters of appreciation of other documentation which strengthen candidate's application could be sent.

- 2.2 मानदण्डों के अनुसार विस्तृत विवरण।  
Description as per Criteria.

3. व्यक्ति की पूर्व शिक्षा और अनुभव को भी उल्लिखित किया जा सकता है लेकिन नामांकित व्यक्ति के चयन में इसका स्वतः कोई योगदान नहीं होगा।

Past education and experience of the individual may be documented but that in itself will not contribute to the selection of the nominee.

4. केवल शैक्षणिक कार्यक्रमों में प्राप्त विशेष सम्मानों की सूची को प्रोत्साहित नहीं किया जाना चाहिए। अस्पतालों या समुदाय अथवा शिक्षा के क्षेत्र में किए गए उत्कृष्ट प्रदर्शन या प्रगतिशील योगदान को सूचीबद्ध किया जाना चाहिए और इनके समर्थन में दस्तावेज प्रस्तुत करने चाहिए।

Mere listing of distinctions received in educational programme is not to be considered. Outstanding or innovative activities performed either in the Hospitals, Community or in education is need to be listed and these needs to be supported by the documents, which needs to be enclosed.

5. दस्तावेज को स्वीकार किए बिना आवेदन अधूरा माना जाएगा।

Without accepting document the application will be considered incomplete.



## CRITERIA FOR SELECTION OF ANM / LHV

(Supportive documents required for all criteria's mentioned below)

| S.No. | Specific Criteria   |
|-------|---|
| 1.    | <b>EDUCATIONAL QUALIFICATION</b>  |
|       | a. Additional qualification beyond essential requirement for his / her job<br>(Qualification Certificates to be enclosed)   |
|       | b. Additional qualification applicable to nursing<br>(Qualification Certificates to be enclosed)  |
| 2.    | <b>YEARS OF EXPERIENCE</b><br>(Appointment Letters to be enclosed)  |
| 3.    | <b>SPECIAL SERVICES IN THE COMMUNITY / HOSPITAL</b>   |
|       | a. National Health and Family Welfare programmes under NRHM / NHM : Special contribution / association towards the activities or programmes in any one or more:-<br>a. Leprosy Control<br>b. Tuberculosis<br>c. HIV & AIDS<br>d. Cancer Care<br>e. Palliative Care<br>f. Mental Health<br>g. Geriatric Management<br>h. Special children (mentally retarded, physically challenged, underprivileged)<br>i. Infectious diseases<br>j. Any other<br>(Supportive documents to be enclosed) |
|       | b. Achievement of targets under immunization, institutional delivery / conduction of delivery<br>(Supportive documents to be enclosed)  |
|       | c. Performing life saving techniques with a successful outcome<br>(Supportive documents to be enclosed)   |
|       | d. Prevention of a catastrophe / volunteer services by initiative taken or leadership assumed<br>(Supportive documents to be enclosed)  |
|       | e. Remaining and doing service at the post disaster site and follow-up service<br>(Supportive documents to be enclosed)   |
|       | f. Health education / participating in health camps / school health programme / awareness programme<br>(Supportive documents to be enclosed)  |
|       | g. Non-communicable diseases<br>(Supportive documents to be enclosed)   |

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|    | h. Records and Reports<br>(Supportive documents to be enclosed)  |
| 4. | <b>IN-SERVICE EDUCATION – CONFERENCE, SEMINAR, WORKSHOP, CONTINUING NURSING EDUCATION(CNE)</b>   |
|    | a. Local / District level<br>(Supportive documents to be enclosed)   |
|    | b. State level<br>(Supportive documents to be enclosed)  |
|    | c. National level<br>(Supportive documents to be enclosed)   |
| 5. | <b>MEMBER IN PROFESSIONAL ORGANIZATIONS / STATUTORY BODIES / ACCREDITING AGENCIES ETC.</b><br>(Membership Certificate to be enclosed)  |
| 6. | <b>RECOGNITION / AWARDS RECEIVED</b>   |
|    | a. Local / District level<br>(Copy of Certificates to be enclosed)   |
|    | b. State / National level<br>(Copy of Certificates to be enclosed)   |
| 7. | <b>WORKING IN TRIBAL / HILLY / REMOTE / DIFFICULT AREA</b><br>Working with tribal community, in remote areas where no / less transport, electricity and basic amenities are available, difficult areas such as travelling by foot / boat for long distance to reach people for providing service.<br>(Certified by Competent Authority)* |

\*In the absence of certified copy of competent authority, place of posting will be considered.

# CRITERIA FOR SELECTION OF RNRM (HOSPITAL SERVICE) / PUBLIC HEALTH NURSES

(Supportive documents required for all criteria's mentioned below)

| S.No.      | Specific Criteria  |
|------------|--|
| <b>1.</b>  | <b>EDUCATIONAL QUALIFICATION</b>   |
|            | a. Additional qualification beyond essential requirement for his / her job – <b>Staff Nurse</b><br>Essential requirement – Minimum GNM<br>(Qualification Certificates to be enclosed)  |
|            | b. Additional qualification by undergoing courses for more than 6 months relevant / beneficial to nursing practice (Specialized nursing skills and education)<br>(Qualification Certificates to be enclosed)   |
| <b>2.</b>  | <b>YEARS OF EXPERIENCE</b><br>(Appointment Letters to be enclosed)   |
| <b>3.</b>  | <b>SPECIAL CONTRIBUTIONS AS A PRACTICING NURSE AT HOSPITAL / COMMUNITY (Staff Nurse / Public Health Nurse)</b>   |
| <b>3.1</b> | The nurse in her / his regular job in the <b>hospital</b> contributes to improve patient and family care by exceeding the limitations of the job functions.<br>(Supportive documents to be enclosed)   |
|            | a. Excellent clinical nurse involving in development or participation in any new nursing care interventions / patient teaching material.<br>(Supportive documents to be enclosed)  |
|            | b. Innovative activities or outstanding contributions in nursing practice, acting as role model to improve quality of care impacting measurable patient care outcomes.<br>(Supportive documents to be enclosed)  |
|            | c. Development and organization of a nursing unit of responsibility (Specialized role / unit-Vascular nurse, pain nurse, IV therapy nurse etc.) that provides extraordinary care to patients by increasing own skills and knowledge, developing staff, procuring supplies and equipment, streamlining techniques and maintaining team spirit resulting in recognition to the institution.<br>(Supportive documents to be enclosed) |
|            | <b>OR</b>  |
|            | The nurse in her / his regular job in the <b>community or any other community health related voluntary organization</b> contributes to improve client, family and community care by exceeding the limitations of the job functions.  |
|            | a. Exemplary services with a creative and pioneering spirit in the area of public health that have resulted significant impact on nursing profession or healthcare provision over a sustained period of time.<br>(Supportive documents to be enclosed)   |
|            | b. Development of a community or section of community in promotion of their collective health status through increasing their own skills and knowledge, staff development, procuring supplies and resources and maintaining interdisciplinary team spirit and cooperation that resulted in bringing recognition to the organization / healthcare team / state / nation.<br>(Supportive documents to be enclosed)                   |
|            | c. Participation and extraordinary contribution in community health affairs volunteering service activities with an innovative outlook particularly among vulnerable population and also in national health programs (Exemplary work among disabled, children and women-related to health or social development)<br>(Supportive documents to be enclosed)  |
| <b>3.2</b> | The Nurse who has regular job in the hospital / community demonstrates special contribution/ association towards the activities or programmes in any one or more:-<br>a. Leprosy Control   |

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|     | b. Tuberculosis<br>c. HIV & AIDS<br>d. Cancer Care<br>e. Palliative Care<br>f. Mental Health<br>g. Geriatric Management<br>h. Special children (mentally retarded, physically challenged, underprivileged)<br>i. Other communicable and non-communicable diseases and National health programmes<br>j. Any other<br><b>(Supportive documents to be enclosed)</b> |
| 3.3 | The Nurse who has regular job but in times of crisis events such as accidents, fire, flood, famine etc. that may occur at any time, performs the following heroic acts regardless of one's own time, safety and possessions. (Testimonies from Authorities/Agencies for exceptional services)  |
|     | a. Rescuing a person/s under hazardous conditions<br><b>(Supportive documents to be enclosed)</b>  |
|     | b. Performing life saving techniques with a successful outcome<br><b>(Supportive documents to be enclosed)</b>   |
|     | c. Prevention of a catastrophe by taking initiative or assuming leadership without official sanction (fire fighting, evacuation, mob control).<br><b>(Supportive documents to be enclosed)</b>   |
|     | d. Remaining at post over an extended period of time which aids in recovery of a group / community following a disaster such as organizing communication, nutrition, first aid, evacuation or other activities that are essential during emergencies.<br><b>(Supportive documents to be enclosed)</b>  |
|     | e. Testimonies from Authorities/Agencies for exceptional services<br><b>(to be enclosed)</b>   |
| 4.  | <b>IN-SERVICE EDUCATION / CONTINUING NURSING EDUCATION (CNE) AT CONFERENCE, SEMINAR, WORKSHOP</b>  |
|     | a. Local / State level<br><b>(Copy of participation certificate/letter to be enclosed)</b>   |
|     | b. National / International level<br><b>(Copy of participation certificate/letter to be enclosed)</b>  |
| 5.  | <b>MEMBER IN PROFESSIONAL ORGANIZATIONS / STATUTORY BODIES / ACCREDITING AGENCIES ETC.</b><br><b>(Membership Certificate to be enclosed)</b>   |
| 6.  | <b>RECOGNITION / AWARDS RECEIVED</b>   |
|     | a. Local / State level<br><b>(Copy of Award Certificates to be enclosed)</b>   |
|     | b. National / International level<br><b>(Copy of Award Certificates to be enclosed)</b>  |
| 7.  | <b>WORKING IN TRIBAL / HILLY / REMOTE / DIFFICULT AREA</b><br>Working with tribal community, in remote areas where no / less transport, electricity and basic amenities are available, difficult areas such as travelling by foot / boat for long distance to reach people for providing service.<br><b>(Certified by Competent Authority)*</b>                  |

**\*In the absence of certified copy of competent authority, place of posting will be considered.**

**CRITERIA FOR SELECTION OF NURSE ADMINISTRATOR**  
(Supportive documents required for all criteria's mentioned below)

| S.No.     | Specific Criteria   |
|-----------|---|
| <b>1.</b> | <b>EDUCATIONAL QUALIFICATION</b>  |
|           | a. Additional educational qualification beyond essential requirement for his / her job –<br><b>Nurse Administrator / Manager</b><br>(Qualification Certificates to be enclosed)   |
|           | b. Additional qualification by undergoing courses for more than 6 months relevant /<br>beneficial to nursing practice / education / research<br>(Qualification Certificates to be enclosed)   |
| <b>2.</b> | <b>YEARS OF EXPERIENCE</b><br>(Appointment Letters to be enclosed)  |
| <b>3.</b> | <b>SPECIAL CONTRIBUTIONS AS ADMINISTRATOR</b>   |
|           | a. Extraordinary Contribution towards standard and quality of patient care in the hospital /<br>community. <b>Example:</b> Develop care delivery models / protocols, initiate / implement<br>evidence based practice, plan and establish new nursing unit or service (specialty clinics-<br>nurse led clinics such as stoma clinic / diabetes foot clinic), establish specialist roles like<br>diabetes educator, and innovate supplies and equipment to deliver quality nursing care.<br>(Supportive documents to be enclosed)   |
|           | b. Improvements made in the status, welfare and professional development of the nursing<br>community exhibiting passion for nursing and contribution towards advancement of<br>nursing profession through mentoring and influencing career development of nurses, and<br>developing and conducting in-service / CNE programs / activities.<br>(Supportive documents to be enclosed)   |
|           | c. Extraordinary performance in contributing towards excellence in clinical teaching for<br>students and staff, bridging the gap between service and education demonstrating team<br>spirit and collaboration between service and education in teaching institutions.<br>(Supportive documents to be enclosed)  |
|           | d. Innovative Changes made in the administrative set up through effective leadership.<br>(Ex. Staffing pattern changes based on research, audit, studies on infection control,<br>patient satisfaction), developing new system of functioning in nursing units through<br>effective communication liasoning & team management (Ex. Expanded roles of nurses in<br>specialty units), involving in policy issues and quality improvement that influence<br>nursing care quality and staff welfare making a difference to people receiving care and<br>education.<br>(Supportive documents to be enclosed) |
|           | e. Exemplary contribution during special circumstances like natural calamities, disasters<br>and war etc. / volunteer services by performing life-saving activities, planning and<br>organising communication, first aid & nutrition, evacuation and other emergency<br>activities, providing/ arranging staffing, directing, coordinating, reporting and finding<br>resources both in onsite and referral emergency units resulting in successful outcomes.<br>(Supportive documents to be enclosed)   |

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| <b>4.</b> | <b>PUBLICATIONS &amp; RESEARCH</b>   |
|           | a. Preparation of Posters / booklets / patient teaching material<br>(Supportive documents to be enclosed)  |
|           | b. Text book / journal publications<br>(Supportive documents to be enclosed)   |
|           | c. Research (participating / conducting) leading to evidence based practice<br>(Supportive documents to be enclosed)   |
| <b>5.</b> | <b>ORGANIZER / RESOURCE FACULTY / PAPERPRESENTER -<br/>CONFERENCE, SEMINAR, WORKSHOP</b>   |
|           | a. Organizer – State / National level<br>(Supportive documents to be enclosed)   |
|           | b. Resource Faculty / Paper presentations – State / National level<br>(Supportive documents to be enclosed)  |
| <b>6.</b> | <b>MEMBERSHIP OF PROFESSIONAL BODIES / COUNCILS / ASSOCIATIONS</b>   |
|           | a. Local / State level<br>(Membership Certificate to be enclosed)  |
|           | b. National level<br>(Membership Certificate to be enclosed)   |
|           | c. International level<br>(Membership Certificate to be enclosed)  |
| <b>7.</b> | <b>RECOGNITION / AWARDS RECEIVED</b>   |
|           | a. Local / State level<br>(Copy of Certificates to be enclosed)  |
|           | b. National / International level<br>(Copy of Certificates to be enclosed)   |
| <b>8.</b> | <b>WORKING IN TRIBAL / REMOTE / DIFFICULT AREA</b><br>Working with tribal community, in remote areas where no / less transport, electricity and basic amenities are available, difficult areas such as travelling by foot / boat for long distance to reach people for providing service.<br>(Certified by Competent Authority*) |

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## CRITERIA FOR SELECTION OF NURSE EDUCATOR / NURSE RESEARCHER

(Supportive documents required for all criteria mentioned below)

| S.No.      | Specific Criteria  |
|------------|--|
| <b>1.</b>  | <b>EDUCATIONAL QUALIFICATION</b>   |
|            | a. Additional educational qualification beyond essential requirement for his / her job– <b>Nurse Educator / Researcher</b><br>Essential requirement –Minimum B.Sc. for Tutor and M.Sc. for Lecturer<br>(Qualification Certificates to be enclosed)         |
|            | b. Additional qualification by undergoing courses for more than 6 months relevant / beneficial to nursing practice / education / research<br>(Qualification Certificates to be enclosed)   |
| <b>2.</b>  | <b>YEARS OF EXPERIENCE IN TEACHING</b><br>(Appointment Letters to be enclosed)   |
| <b>3.</b>  | <b>SPECIAL CONTRIBUTIONS AS NURSE EDUCATOR</b>   |
| <b>3.1</b> | Development or initiation of innovative methods of curriculum implementation such as teaching methods, educational media / teaching materials and assessment / evaluation of students at the UG & PG levels<br>(Supportive documents to be enclosed)       |
| <b>3.2</b> | Demonstrating excellent teaching skills, and recognized by appreciation letters or awards<br>(Supportive documents to be enclosed)   |
| <b>3.3</b> | Exemplary contribution to students through mentoring and providing career guidance & counselling to students beyond work schedule / volunteer services / worked during natural disaster, calamities, health camps<br>(Supportive documents to be enclosed) |
| <b>3.4</b> | Develop / implement / participate in preparation of short term courses for in-service / CNE integrating innovative teaching strategies, and evaluation methods<br>(Supportive documents to be enclosed)  |
| <b>3.5</b> | Preparation, teaching manual or educational film / publications that is accepted and used beyond her / his educational setting and brings recognition to the organisation which pays her / his salary<br>(Supportive documents to be enclosed)             |
|            | <b>a. Text book</b>  |
|            | i. Single author<br>(Supportive documents to be enclosed)  |
|            | ii. Author of chapter/s<br>(Supportive documents to be enclosed)   |
|            | <b>b. Indexed National Journals</b>  |
|            | i. Research articles (Nursing)<br>(Supportive documents to be enclosed)  |

|           |  |
|-----------|--|
|           | ii. Health related articles<br>(Supportive documents to be enclosed)   |
|           | <b>c. Indexed International Journals</b>   |
|           | i. Research articles (Nursing)<br>(Supportive documents to be enclosed)  |
|           | ii. Health related articles<br>(Supportive documents to be enclosed)   |
|           | d. Independent or collaborative research<br>(Supportive documents to be enclosed)  |
| <b>4.</b> | <b>ORGANIZER / RESOURCE FACULTY / PAPERPRESENTER-<br/>CONFERENCE, SEMINAR, WORKSHOP</b>  |
|           | a. Organizer –Local / State level<br>(Supportive documents to be enclosed)   |
|           | b. Organizer – National / International level<br>(Supportive documents to be enclosed)   |
|           | c. Resource faculty / presentation – Local / State level<br>(Supportive documents to be enclosed)  |
|           | d. Resource faculty / presentation – National / International level<br>(Supportive documents to be enclosed)   |
| <b>5.</b> | <b>CONTRIBUTIONS AS MEMBER / OFFICE BEARER IN<br/>PROFESSIONAL ORGANIZATIONS / STATUTORY BODIES / ACCREDITING<br/>AGENCIES ETC.</b>  |
|           | a. Local / State level<br>(Supportive documents to be enclosed)  |
|           | b. National / International level<br>(Supportive documents to be enclosed)   |
| <b>6.</b> | <b>RECOGNITION / AWARDS RECEIVED</b>   |
|           | a. Local / State level<br>(Copy of certificates to be enclosed)  |
|           | b. National level<br>(Copy of certificates to be enclosed)   |
|           | c. International level<br>(Copy of certificates to be enclosed)  |
| <b>7.</b> | <b>WORKING IN TRIBAL / REMOTE AREA / DIFFICULT AREA</b><br>Working with tribal community, in remote areas where no / less transport, electricity and basic amenities are available, difficult areas such as travelling by foot / boat for long distance to reach people for providing service<br>(Certified by competent authority*) |

\*In the absence of certified copy of competent authority, place of posting will be considered.