

**GOVERNMENT OF WEST BENGAL  
DIRECTORATE OF HEALTH SERVICES,  
NURSING SECTION  
SWASTHYA BHAWAN, WING A, 1<sup>st</sup> FLOOR  
GN 29, SECTOR-V, SALT LAKE CITY  
KOLKATA - 700091.**

No. HNG/15A-1-2019/ 316

Date 28.3.19

To  
The

MSVP//Director//MedicalSuperintendent/CMOH/Superintendent/Principal(CON)/PNO/DPHNO/Nursing Superintendent/Sr. Sister Tutor - District Hospital/ Bankura/ Birbhum/ Burdwan/ Cooch Bihar/ 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 Hosp./ SNP Hosp./ Vidyasagar Hosp./ CRSS/ IDBG Hosp./ Malda MCH/Sagar Dutta COM/JNM Hosp. Kalyani/ Dr. H. C. M. M. Health School, Singur/ NSS Kalyani/ Gandhi Memorial Hosp.

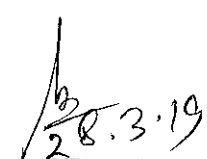
Ref: Letter dated 11<sup>th</sup> March, 2019 from Deputy Secretary (Nursing),  
New Delhi.

Sub: Recommendation for 'The Princess Srinagarindra Award, 2019'

You are requested to recommend the name of eligible Nursing personnel under your control for nomination of 'The Princess Srinagarindra Award, 2019'.

The names of the nominees along with filled up application form with their resume and documentary proofs in support of claim for award should reach to the undersigned by 12<sup>th</sup> April, 2019.

Encl: As stated.

  
28.3.19  
Jt. Director of Health Services  
(Nursing), West Bengal

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*The Princess Srinagarindra Award*

# The Princess Srinagarindra Award

## INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21 October 2000 in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

The Princess Srinagarindra Award, to be conferred as an international award on an individual or group of registered nurses and/or registered midwives, is established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the field of Nursing, Midwifery and Social Services.

The required documents must be completed in English and received by the Foundation by May 31, 2019.

### The Annex 1: the Eligibility Criteria and Selection Procedure

Each nominee for the Princess Srinagarindra Award must:

1. Hold the qualification of Registered Nurse and/ or Registered Midwife of any country in the world;
2. Be authorized to practice as a nurse or midwife in her/his own country or to have otherwise retired or resigned in good standing;
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health;
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

### For Further Information:-

Please contact Princess Srinagarindra Award Foundation  
Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)  
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation  
under the Royal Patronage,  
Nagarindrasri Building, C/O Ministry of Public Health  
Tivanond Road, Amphur Muang, Nonthaburi 11000 THAILAND  
Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

For more information :-Please contact Princess Srinagarindra Award Foundation  
<http://www.princess-srinagarindraaward.org>  
E-mail: [psaf.rp@gmail.com](mailto:psaf.rp@gmail.com)

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Attach a recent  
Photograph of the  
nominee(s) with  
name and date  
marked on the  
back.

**NOMINATION FORM**

Before completing the Nomination Form, please read the brochure entitled "Princess Srinagarindra Award" and the Annex 1: the Eligibility Criteria and Selection Procedure".

Notes:

- a) This form must be typed, and submitted as an original document, in English, with original signatures in all places specified.
- b) In addition to an individual registered nurse and/or registered midwife, a group of no more than four (4) registered nurses and/or registered midwives who have worked together on the same specific project for a period of time and for which the outcomes have significant implications for nursing practice, education, health care or further research, may be nominated. Achievements must be submitted as a group performance while personal data must be completed by each member.
- c) Nominations may be submitted by individual(s) or by organizations, referred to herein as sponsors.
- d) The National Nurses Association, The Nursing Council and the Department of Nursing at the Ministry of Health are the organizations at the country level who may be the sponsor.
- e) Each of these entities should be aware of and support or have no objection to the nominee(s).
- f) A Curriculum Vitae of the nominee(s) should be attached as per Annex 1.
- g) The names of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification. Please see Part VI.
- h) One Country should nominate **ONE person or ONE group** for the Award.
- i) All forms and documents must be mailed to Princess Srinagarindra Award Foundation (PSAF) and received by PSAF **no later than 31 May, 2019**. Advance information can be sent by e-mail.

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**PART I: THE NOMINATION**

I/We hereby nominate for the Princess Srinagarindra Award 2019

\_\_\_\_\_  
*(Typed name of nominee(s))*

Please check one:  individual sponsor or  organizational sponsor

\_\_\_\_\_  
*(Name of sponsor)*

Relationship of sponsor to the nominee: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_  
*(No.) (Street)*

\_\_\_\_\_  
*(City) (State/Province/County)*

\_\_\_\_\_  
*(Post Code) (Country)*

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
*(Country Code/Area Code/Number) (Country Code/Area Code/Number)*

Website: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of individual sponsor or authorized representative of organizational sponsor:

\_\_\_\_\_  
*Signature Date*

\_\_\_\_\_  
*(Typed name) (Typed title)*

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**PART II: NOMINEE PROFILE**

**A. Nominee's Personal Data**

Name: \_\_\_\_\_  
*(First Name) (Middle Name) (Family Name)*

Preferred title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Official Language: \_\_\_\_\_  
*(Month/Day/Year)*

Home Address: \_\_\_\_\_  
*(No.) (Street)*

\_\_\_\_\_ *(City) (State/Province/Country)*

\_\_\_\_\_ *(Post Code) (Country)*

**Mailing address if different from home address:**

\_\_\_\_\_ *(No.) (Street)*

\_\_\_\_\_ *(State/Province/Country)*

\_\_\_\_\_ *(Post Code) (Country)*

Home Phone: \_\_\_\_\_ Home/office Fax: \_\_\_\_\_  
*(Country Code/Area Code/Number) (Country Code/Area Code/Number)*

Mobile phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**B. Nominee's Employment (if applicable):**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*(No.) (Street)*

\_\_\_\_\_ *(City) (State/Province/Country)*

\_\_\_\_\_ *(Post Code) (Country)*

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*(Country Code/Area Code/Number) (Country Code/Area Code/Number)*



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### PART IV: NOMINEE STATEMENT

State in concise terms the significant contribution or impact you have made, within the nursing and/or midwifery profession, and/or for the development of the nursing and or midwifery profession and quality of life and health of the people. One additional page can be added.

Please complete your Curriculum Vitae in Annex 1.

I/We hereby consent to have my/our nomination submitted for the Princess Srinagarindra Award

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**PATR V: OTHER ENTITIES AWARE OF/ SUPPORT OR HAVE NO OBJECTION TO THE NOMINATION**

To be completed by the National Nursing/Midwifery Office, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association (It must be signed by 2 organizations other than the nominating one, where these exist)

I have been informed about the nomination of \_\_\_\_\_  
(Nominee's name)

by \_\_\_\_\_  
(Name individual or organization sponsoring the nomination)

to receive the Princess Srinagarindra Award and have no objection.

Name (print) \_\_\_\_\_  
(National Nursing/Midwifery Officer)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
(President of Nursing/Midwifery Council)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
(President of Nurses' or Midwives' Association)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_



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**PART VI: CERTIFIED STATEMENT**

The application must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA).

Name of the National/State/Provincial Council or National/State/Provincial Regulation Authority

Address \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_ (City) (State/Province/Country)

\_\_\_\_\_ (Post Code) (Country)

Phone number: \_\_\_\_\_ (Country Code/Area Code/Number) Fax number: \_\_\_\_\_ (Country Code/Area Code/Number)

Website: \_\_\_\_\_ Email address: \_\_\_\_\_

We hereby certify that \_\_\_\_\_  
(Name of nominee)

is a Registered Nurse (first level) or Registered Midwife and a current member of our NNC or NRA or is retired or has resigned with good standing. (we should add an asterisk here and define good standing.)

Signature of the President, Executive Director, or other duty authorized representative of the NNC or NRA.

\_\_\_\_\_ Signature Date

\_\_\_\_\_ (Typed name) (Typed title)

All part of these forms must be completed in English, in full, signed where indicated, and returned to Princess Srinagarindra Award Foundation to arrive no later than **May 31, 2019** Princess Srinagarindra Award Foundation (PSAF) Nagarindharasri Building, C/O Thailand Nursing and Midwifery Council C/O Ministry of Public Health Tiwanon Road, Amphur Muang, Nonthaburi 11000. THAILAND.

The Annex 1: the CV document

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**CURRICULUM VITAE**

A. Full name of the nominee (in capital letters) as it appears in your passport or on your birth certificate.

Name : \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

B. Educational background: identify year of graduation, diploma(s)/degree(s), school/university, country. Please start with lowest to highest qualification in relation to nursing and midwifery.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Working experience: identify year, position, place of work. Please start from the current one.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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D. Administrative position (if any), years in the position, workplace

Years	Position	Workplace

E. Awards: The year you received the award, name of the award, the award recognition (on what achievements), and organization giving the award.

Year	Name of the Award/recognition	In recognition of	Organization

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F. Research publication: List not more than 10 key research reports or publications.  
A research report: identify name of author, year, title, place of printing, country.  
An article: identify name of researcher, year of published, title of the article, name of the journal, journal number and pages.

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G. Book publication: authors, year of publication, title of the book, city where the book was printed, name of printing company. (list not more than 5 key books)

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All part of these forms must be completed in full, signed where indicated, and returned to Princess Srinagarindra Award Foundation to arrive no later than **May 31**.  
Princess Srinagarindra Award Foundation (PSAF)  
Nagarindharasri Building,  
C/O Thailand Nursing and Midwifery Council C/O Ministry of Public Health  
Tiwanon Road, Amphur Muang, Nonthaburi 11000,  
THAILAND.