

**NATIONAL INSTITUTE FOR THE ORTHOPAEDICALLY HANDICAPPED
(UNDER THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, GOVT. OF INDIA)
B.T.ROAD BON-HOOGHLY, KOLKATA-90
Phone: 2531-0279, 2531-0789/Tele Fax: 2531-8379
E-mail: mail@nioh.in/director@nioh.in and web: www.nioh.in**

No. DIP-ORTHO & REHAB-NURS/1536 /NS/07/NIOH/

Date --2009

**POST BASIC DIPLOMA IN
ORTHOPAEDIC & REHABILITATION NURSING
Academic Session 2010 (January to December)**

In view of national highway trauma management policy of Govt. of India, improved and specialized care of orthopedic problems, increasing rehabilitation services for disability and geriatric related problems, the specialized nursing care (Orthopaedic & Rehabilitation) is of high demand. To address this and provide specialized care in orthopaedic and rehabilitation nursing this course being started at this apex institution. Course is recognized by the Indian Nursing Council and WBNC. Such trained nursing professionals shall have better and specialized career opportunities.

Applications are invited from eligible candidates for the **Admission in session 2010.**

The focus of training will be on Nursing Skill Development in Orthopaedic and comprehensive rehabilitation management (Institutions as well as community base); administrative & leadership etc.

Commencement of session : - **January 2010**
Number of seats :- **15 (fifteen)**
Reservation as per norms of Govt. of India
Course Duration :- **One Academic Year**

Eligibility:-

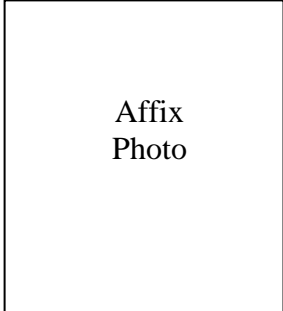
- Registered nurse (RN & RM) or equivalent.
- Minimum of one year experience in the field of nursing.

For details see website (www.nioh.in). Completed application should reach to the course Coordinator at the above mentioned address by post or e-mailed to mail@nioh.in/director@nioh.in by **30th November 2009.**

Director

**APPLICATION FOR THE POST BASIC DIPLOMA IN
ORTHOPAEDIC & REHABILITATION NURSING COURSE**

ALL ENTERIES SHOULD BE TYPEWRITING OR WRITTEN IN CAPITAL LETTERS
(Incomplete application will not be entertained)



Affix
Photo

1. Full Name: Dr./Mr./Mrs./Miss -----

2. Date of Birth----- Present Age----- Years-----

3. Residential Address (Phone)-----

4. Address for Communication -----
----- Phone-----

5. Martial Status:-----

6. Mother Tongue-----

7. Caste: S.C./S.T./OBC [attach certificate]

8. Are you enrolled for any program elsewhere? -Yes/No

9. If yes, specify -----

10. (a) Are you employed at present? -Yes/No

(b) Position: Supervisor/Executive/Other

11. Have you been sponsored by your employer? -Yes/No

12. For how many years have been employed so far? -Years

13. For how many years have you had administrative /supervisory experience in the field of
Disability Rehabilitation. -Years

14. Please give a brief outline of your current official responsibilities:

15. Reasons to join the course:

i)

ii)

16. Certificate of sponsorship from Employing Organisation

This is to certify that Dr./Mr./Mrs./Miss -----

(Candidate's designation)

(Department)

(organization)

b) Work Experience (Please list your work experience beginning with the latest)

Name & address employer	Placement of employment	Designation and nature of work	Period		Last salary drawn	Reason for leaving
			From	To		

19. Registration no with name of the Council:

20. Declaration by the Applicant.

I hereby declare that the information given in this applicant is true, complete and correct to the best of my knowledge and belief. I have carefully read all the rules of the Institute and on admission, agree to abide by them including modifications to the rules, if any, made from time to time.

Signature of Applicant

Place:-

Date:- Documents to be attached (Check List)

- 1.- DOB/ Birth certificate.
- 2 .-Copy of the SC/ST/OBC, if applicable.
- 3.-Certificate of Degree/ Diploma etc.
- 4.-Experience certificate if any.
- 5.Registration Certificate of State Nursing Council.
6. NOC (if applicable)