

राजस्थान सरकार

निदेशालय चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवायें, राजस्थान, जयपुर।

दिनांक

क्रमांक : प्रशि./मिड.वा.एजु./2025/

प्रधानाचार्य,
स्टेट मिडवाइफरी ट्रेनिंग इन्स्टीट्यूट(SMTI) जयपुर।

विषय : NPM के 2nd बैच के सम्बन्ध में ।

उपरोक्त विषयान्तर्गत लेख है कि NPM के 2nd बैच के समस्त प्रशिक्षणार्थियों को सम्बन्धित नियन्त्रण अधिकारियों से कार्यमुक्त होकर 17 फरवरी 2025 तक आपके अधीन कार्यग्रहण किया जाना है। कार्यग्रहण करने से पूर्व प्रशिक्षणार्थियों से सलग्न प्रोफार्मा अनुसार बाण्ड भरवाया जाना सुनिश्चित किया जावे ।

अतः इस सम्बन्ध में समस्त आवश्यक कार्यवाही करते हुये उपरोक्त समस्त प्रशिक्षणार्थियों के प्रशिक्षण की समस्त व्यवस्था सुनिश्चित करें ।

सलग्न:- उपसेक्तानुसार ।

(राकेश कुमार शर्मा)
निदेशक (अराजपत्रित)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर

दिनांक 29/1/25

क्रमांक : प्रशि./मिड.वा.एजु./2025/ 37 फरवरी 2025 तक आपके अधीन कार्यग्रहण किया जाना है।
प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

01. आयुक्त, चिकित्सा शिक्षा, राजस्थान, जयपुर।
02. मिशन निदेशक, एनएचएम, राजस्थान, जयपुर।
03. प्रधानाचार्य एवं नियंत्रक, SMS मेडिकल कॉलेज, जयपुर।
04. निदेशक, आर.सी.एच मुख्यालय ।
05. प्रोजेक्ट डायरेक्टर (मेटरनल हेल्थ)।
06. राज्य प्रमुख, UNFPA/ Jhpigo, Raj को भेजकर लेख है कि प्रधानाचार्य SMTI से सम्पर्क कर सभी व्यवस्थाएँ सुनिश्चित करे।
07. प्रभारी सर्वर रूम को भेजकर लेख है कि उपरोक्त पत्र को विभागीय वेबसाइट पर अपलोड करे ।

Document certified by RAKESH KUMAR
Digitally Signed by Rakesh
Kumar Sharma
Designation : Director
Date :29-01-2025 03:47:38

Annexure 3

Declaration of Acceptance of the Position of Nurse Practitioner in Midwifery

From

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To

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.....

Dear Sir/Madam

I have been selected for the position of Nurse Practitioner in Midwifery in the state of I am willing to undergo the 18 months Nurse Practitioner in Midwifery training at State Midwifery Training Institute and I will comply with the rules and regulations for trainees as notified by the Institution and State from time to time.

I hereby declare that I am aware of my roles and responsibilities as a NPM and upon completion of the training I am willing to work at any Midwifery Led Care Unit that will be established at in the State. I understand that the MLCU may be established either at a Medical College/District Hospital /CHC etc. by the Govt of

This undertaking shall take effect from the time I am accepted by and confirmed for enrolment in the state as a Nurse Practitioner in Midwifery.

Date:..... Signature of Candidate:.....

Dear Sir/Madam

I have been selected for the position of Nurse Practitioner in Midwifery in the state of I am willing to undergo the 18 months Nurse Practitioner in Midwifery training at State Midwifery Training Institute and I will comply with the rules and regulations for trainees as notified by the Institution and State from time to time.

I hereby declare that I am aware of my roles and responsibilities as a NPM and upon completion of the training I am willing to work at any Midwifery Led Care Unit that will be established at in the State. I understand that the MLCU may be established either at a Medical College/District Hospital /CHC etc. by the Govt of

This undertaking shall take effect from the time I am accepted by and confirmed for enrolment in the state as a Nurse Practitioner in Midwifery.

5328556

Document certified by SURESH
NAWAL <add4ng@gmail.com>
Digitally Signed by Suresh
Kumar Nawal
Designation: Director
Date: 11.01.2024 02:04:26