

GOVERNMENT OF INDIA

FAMILY WELFARE TRAINING & RESEARCH CENTRE

332, S.V.P. ROAD, KHETWADI, MUMBAI – 400 004.
TEL.: 2388 1724 / 2389 3165 FAX NO. (91) 22 – 2386 2736 Email : director.fwtrc@nic.in
Website: www.fwtrc.gov.in

APPLICATION FORM FOR
DIPLOMA IN HEALTH PROMOTION EDUCATION
2017-18 (Batch XXXI)

PHOTO

- 1 Name in Full :
(In Block Letters)
2. Sex :
3. Age (as on 31st March 2017) :
4. Marital Status :
5. Designation of the Present Post :
6. a. Present Address (to which communication to be sent) :

- b. Permanent Address (If different from above) :

c. Phone No. (Office): _____ Phone No. (Residence) : _____

Mobile No. : _____

d. Email (Compulsory) : _____

7. Date & Place of Birth :

Date :

Place : _____

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8. Do you belong to Scheduled Caste /
Scheduled Tribe/OBC :

YES	NO
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If Yes,

Scheduled Caste / Scheduled Tribe/OBC

Sub-caste : _____

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority otherwise application will be treated as general category.)

9. Academic record :

Give particulars of all examinations and degrees obtained :

Exam / Degree	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered

10. Employment Record (If Any) : (Please attach Experience certificate from Employer.)

Employer	Post held	From (Date)	To (Date)	Salary last drawn	Reasons for leaving the post

11. List your important present job responsibilities :-

- 1.
- 2.
- 3.

12. Give reasons in brief as to why you seek admission and what do you expect to gain by this training :-

- (1)
- (2)
- (3)

13. Give names, occupations / positions and addresses of two references, other than your relatives, who are in a position to give information about you and your work :-

I _____	II _____
_____	_____
_____	_____
_____	_____

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF THE APPLICANT

Place & Date :

EMPLOYER

(FOR USE IN THE CASE OF SPONSORED CANDIDATES ONLY)

In case the candidate is selected for the training at the Family Welfare Training and Research Centre, Mumbai, whether the State or Central Govt. of any other agency with whom the applicant working :

- a) Will relieve him / her ? : YES / NO
b) Will provide him / her deputation : YES / NO
Allowance or / and pay during
period of training ?

Certified that Mr / Mrs / Miss _____ holds a post in this Department / Office / Institution / Organisation and that the statement made by him / her in this form are correct to the best of my knowledge and belief. I recommend his/ her admission to the training programme of the Centre.

SIGNATURE :

DESIGNATION :

Department / Office / _____
Institution / Organisation _____

(OFFICE SEAL)

PLACE :

DATE :

ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM :

1. SSC certificate (attested copy)
2. Graduation certificate (attested copy)
3. Age proof (attested copy)
4. Caste certificate along with validity certificate (attested copy)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. Experience certificate
7. Forwarding letter from Competent Authority
8. Medical fitness certificate from the District Civil Surgeon or equivalent Competent Medical Authority

Applications should be sent by registered post to the Director, Family Welfare Training and Research Centre, 332, S. V. P. Road, Khetwadi, Mumbai - 400 004 on or before 31st March 2017.

DIPLOMA IN HEALTH PROMOTION EDUCATION

ELIGIBILITY CRITERIA (2017-18)

One year Diploma Course in Health Promotion Education is affiliated to International Institute for Population Sciences, Mumbai (Deemed University).

The candidate should fulfil the following eligibility criteria.

1. Candidate should be Graduate from a UGC recognised University. Preference will be given to candidates having degree in the field of Health / Education / Welfare / Nursing or any other paramedical field.
2. Minimum three years of experience in Health related field.
3. Age not more than 40 years. Five years age relaxation for candidates belonging to SC/ST and three years for OBC candidates.
4. In-service candidate in Central/State government, Health and Family Welfare Department directly involved in the delivery of health care services will be preferred. Persons working in Recognised National level NGOs working in field of health may also apply.
5. Reservation for SC/ST/OBC (Non-Creamy Layer) and disabled will be provided as per Government of India rules. A Valid Caste Certificate from the recognised District Authority must be attached at the time of submission of application form.
6. Individuals with any of the above qualifications from Government & Non- Government organizations working in Rural areas / under performing districts in the community health will be preferred.
7. Preference for admission will be given for candidates sponsored from Directorate of Health Services of the State. Application duly completed along with enclosures should be forwarded through proper channel by competent authority so that candidate gets relieved in case of his/her selection.
8. The medium of instructions for this course is English. Reading & writing competency in English is required.
9. Selection Committee decision will be final.
10. D.H.P.E. Course is a full time Residential Training course of one year duration.
11. No student will be permitted to seek employment or to participate in any course of study either full time or part time during the period he/she is enrolled at the institute for said course.
12. Last date for receipt of application is 31st March 2017.

