

संचालनालय स्वास्थ्य सेवाएँ
मध्यप्रदेश

क्रमांक/प्रशि./2018/ 89

भोपाल, दिनांक: 22/04 2018

प्रति,

1. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
2. समस्त सिविल सर्जन सह अस्पताल अधीक्षक,
मध्यप्रदेश।

विषय:-एक वर्षीय डीएचपीई कोर्स हेतु नामांकन भेजने के संबंध में।

उपरोक्त विषयांतर्गत लेख है कि परिवार कल्याण प्रशिक्षण तथा अनुसंधान केन्द्र मुंबई द्वारा एक वर्षीय, पूर्णकालिक, रहवासी डी.एच.पी.ई.(डिप्लोमा इन हैल्थ प्रमोशन एजुकेशन) कोर्स का आयोजन किया गया है। जून 2018 में प्रारंभ होने वाले इस कोर्स में नियमित सेवा में सेवारत अधिकारी/कर्मचारी अपना आवेदन उचित माध्यम से दिनांक 5 मार्च 2018 तक आवश्यक रूप से भेजा जाना सुनिश्चित करें। इस कोर्स के लिये प्रतिभागी में निम्नानुसार योग्यतायें/ प्राथमिकता होना अपेक्षित है:-

1. यू.जी.सी. द्वारा मान्यता प्राप्त विश्व विद्यालय से स्नातक जैसे- नर्सिंग, पैरा-मेडिकल, मनोविज्ञान, अर्थशास्त्र, मानवशास्त्र इत्यादि।
2. राज्य सरकार की स्वास्थ्य सेवा में न्यूनतम 3 वर्ष का अनुभव।
3. आवेदन के समय अधिकतम आयु सामान्य वर्ग हेतु 40 वर्ष, पिछड़ा वर्ग हेतु 43 वर्ष एवं अनुसूचित जाति/जनजाति हेतु 45 वर्ष है।
4. पहाड़ी, दूरस्थ, आदिवासी क्षेत्र में कार्यरत एवं स्वास्थ्य सेवा से संबंधित कार्य करने वाले प्रतिभागियों को यह कोर्स करने हेतु प्राथमिकता दी जाये।
5. कोर्स का माध्यम अंग्रेजी है। अतः अंग्रेजी भाषा में लेखन एवं पठन का ज्ञान आवश्यक है।
6. कोर्स से संबंधित आवेदन पत्र एवं विस्तृत जानकारी पत्र के साथ संलग्न है।

अतः आप कृपया अपने जिलों से उपरोक्तानुसार योग्य विभागीय नियमित उम्मीदवार का नामांकन संलग्न प्रपत्र में निर्धारित तिथि तक अधोहस्ताक्षरकर्ता को हार्ड एवं सॉफ्ट कापी में ई-मेल rmunshi@mp.nic.in एवं training.dhsmp@gmail.com पर प्रेषित करें।

संलग्न: उपरोक्तानुसार।


(राकश मुंशी)

संयुक्त संचालक (प्रशिक्षण)
संचालनालय स्वास्थ्य सेवायें
मध्यप्रदेश

DIPLOMA IN HEALTH PROMOTION EDUCATION

ELIGIBILITY CRITERIA (2018-19)

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 / underperforming 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 2018.

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

Name of the Course:
(Please tick the appropriate box.)

I) DIPLOMA IN HEALTH PROMOTION EDUCATION

II) POST GRADUATE DIPLOMA IN COMMUNITY HEALTH CARE

PHOTO

1. Name in Full:
(In Block Letters)
2. Sex :
3. Age (as on 31st March 2018) :
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 your expectation from this training course: -

- (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: