

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय  
Statutory Body under the Ministry of Health & Family Welfare

## Ad-hoc Inspector Form

Self-attested  
Photograph

1. Name (Block Letters) : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Present Place of Work : \_\_\_\_\_  
\_\_\_\_\_
4. Date of Joining : from \_\_\_\_\_ to \_\_\_\_\_
5. Address of Residence : \_\_\_\_\_  
\_\_\_\_\_
6. Telephone Number : (Off.) \_\_\_\_\_  
(Res.) \_\_\_\_\_ (Mob.) \_\_\_\_\_
7. Whether working in Govt./Pvt. : \_\_\_\_\_
8. Date of Birth : \_\_\_\_\_
9. R.N.R.M. No. : \_\_\_\_\_  
(Enclosed Copy Attested by Competent Authority)
10. Email ID : \_\_\_\_\_

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## 11. Professional Qualification

Degree	Year	University/Institution

## 12. Experience in Teaching:-

Course	From	To	Name of the Institution
ANM			
GNM			
B.Sc. (N)			
P.B.BSc (N)			
Post Graduate			

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### 13. Other Experience :-

As Examiner	Name of the State Council/Board/Any Other	From	To
ANM			
GNM			
B.Sc. (N)			
P.B.BSc. (N)			

### Declaration:

I hereby declare that the statements made above are correct to the best of my knowledge. I will be available for inspection whenever called to do so. I am physically fit to carry out the travel involved in inspection.

(Signature of Applicant)

(From Management/Head of the Institution)

The application of \_\_\_\_\_ (Name of the Candidate) for inspector is duly verified and certified.

Comments may be given with regard to reliability & character of the candidate for inspection of Schools/Colleges of Nursing. \_\_\_\_\_

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

Signature \_\_\_\_\_

Name of Head of the Institution/Competent Authority \_\_\_\_\_

Designation and official Stamp \_\_\_\_\_