



**Government of Maharashtra  
Medical Education & Drugs Department**

Information Brochure & Application Form for  
Post Basic Diploma in Pediatric Nursing

**Post Basic Diploma In Pediatric  
Nursing -2014**



**Directorate of Medical Education & Research**

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## **Schedule For *Post Basic Diploma In Pediatric Nursing – 2014***

<b>❖ Important Information At A Glance</b>	
❖ Sale & Submission of information brochure and application forms (Including Govt. Holidays & Sunday)	19/05/2014
❖ Last date of submission of application forms	24/05/2014
Last date to receive application forms at the Principal, Institute of Nursing Education, Bai Motlibai Building, Sir J.J. Group of Hospitals Campus, Byculla, Mumbai	24/05/2014
❖ Declaration of Result	29/05/2014
❖ Course Commencement	01/06/2014

**DIRECTOR OF MEDICAL EDUCATION AND RESEARCH,  
MUMBAI**

**Post Basic Diploma In Pediatric Nursing – 2014**

**1) INTRODUCTION :-**

The Selection process of Post Basic Diploma In Pediatric Nursing - 2014 of 11 month duration in the State of Maharashtra for the Academic Year 2014-2015 shall be conducted by the Directorate of Medical Education & Research, Mumbai Govt. of Maharashtra.

**2) ELIGIBILITY CRITERIA FOR**

***Post Basic Diploma In Pediatric Nursing -2014:-***

**2.1** Candidate must be an Indian National. Nationality Certificate issued by District Magistrate or Additional District Magistrate or Chief Metropolitan Magistrate or valid passport. Persons of Indian Origin.

**2.2** All DMER/DHS candidates must have passed G.N.M. Nursing 3 or 3 ½ years examination from Training School of Nursing, Institution situated in Maharashtra State and recognized by Maharashtra Nursing Council Mumbai as well as Indian Nursing Council New Delhi.

**2.3** DMER/DHS Candidate should have M.N.C. Registration Certificate with recent renewal date.

**2.4** The candidate must have passed the SSC and Higher Secondary Certificate (HSC/12<sup>th</sup> Standard) or equivalent examination from an Institute situated in The state of Maharashtra.

**2.5** The candidate will be selected on the basis of merit & as per reservation.

**2.6** The candidate who is working in Government set up (DMER/ DHS) & DEFENCE should submit his/her application through concern Authority. (Proper Channel).

- 2.7 He/she should obtain No Objection Certificate from their respective Authority.
- 2.8 The candidate must be medically fit.
- 2.9 The in service candidate must be completed 5 years of continue service excluding maternity leave.
- 2.10 **AGE:** - Age Limit is 38 years for open category & 43 years for reserved category On or Before 31<sup>st</sup> May 2014.

**3)CONDITIONS FOR DMER/DHS CANDIDATES:-**

- a) Study leave may be sanctioned to the Eligible candidate working under Directorate of Medical Education & Research, Mumbai (DMER) only.
- b) The candidates (DMER/DHS) those who are selected for the ***Post Basic Diploma In Pediatric Nursing*** have to submit 5 Years Service Bond affidavit to the Govt. at the time of Admission.
- c) The candidates (DMER/DHS) after completion of their Post Basic Diploma in Pediatric Nursing should submit 5 years service bond to the Govt. Failing to comply condition of this bond, candidate, will have to pay penalty as per Govt. rules, with current bank interest.
- d) The candidates (DMER/DHS) have to submit undertaking that after completion of their post basic diploma in pediatric Nursing, they may be placed anywhere in the State of Maharashtra as per administrative requirement.

**4) APPLICATION FORM & INFORMATION BROCHURE: - (Annexure-)**

**MODE OF SALE:** - Application forms & information brochures for *Post Basic Diploma In Pediatric Nursing 2014* will be available at following center from --/--/-- to --/--/-- Institute of Nursing Education, Bai Motlibai Building Sir JJ group of hospitals campus, Byculla 400008.  
Specimen copy of application will be sent to all the respective institutes.

**SEATS AVAILABLE FOR Post Basic Diploma In Pediatric Nursing -2014**

<b>Sr. No.</b>	<b>sector</b>	<b>Available Seats</b>
<b>1</b>	<b>DMER/DHS</b>	<b>09</b>
<b>2</b>	<b>DEFENCE( Military)</b>	<b>06</b>
	<b>Total Seats</b>	<b>15</b>

**Distribution of Seats For general and reserved category Candidates - Available Seats -09**

<b>Category</b>								
<b>SC</b>	1							
<b>ST</b>	1							
<b>VJ</b>	1							
<b>NT-1</b>	0							
<b>NT-2</b>	0							
<b>NT-3</b>	0							
<b>SBC</b>	0							
<b>OBC</b>	1							
<b>OPEN</b>	5							

## 5) CERTIFICATES:-

The attested photocopies of following certificates must be submitted at the time of submission of complete application form.

- 5.1 Nationality Certificate issued by District Magistrate/Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such certificate)/valid Indian Passport or School Leaving Certificate of HSC/12<sup>th</sup> Std. Indicating the nationality of the candidate as 'Indian'.
- 5.2 SSC i.e. 10<sup>th</sup> Standard or equivalent examination passing Certificate and SSC Statement of Mark [for date of birth]
- 5.3 HSC i.e. 12<sup>th</sup> Standard equivalent examination passing Certificate and Statement of Marks
- 5.4 G.N.M. 3 or 3 and half Years, *all Years Mark lists along with attempt Certificate, M.N.C. Registration Certificate with recent renewal date, Valid up to march 2017.*
- 5.5 Experience Certificate
- 5.6 NOC From respective Authority
- 5.7 Medical fitness certificate (Annexure-C)
- 5.8 For constitutional reservation claim. (Annexure-A)
  - a) Caste Certificate
  - b) Caste Validity Certificate (CVC)
  - c) Non-Creamy Layer Certificate (for VJ, NT-1 , NT-2 , NT-3 SBC & OBC) valid up to 31/03/2015 (Annexure - C)
- 5.9 Specified Reservation Claim: Person with disability (PWD) Claim (Annexure-B)
- 5.10 Bond for Laps of Seat.
- 5.11 Affidavit for Full attendance (As Per requirement of INC)

## **6. PREPARATION OF MERIT LIST AND DECLARATION OF RESULT**

The Directorate Medical Education & Research will scrutinize the application forms, prepare the merit list and declare the result.

### **6.1 Preparation of Merit List for Selection**

Marks obtained by the candidate in GNM, which will be prepared on the basis of marks in descending order of merit.

### **6.2 Tie Breakers:-**

In case of equal corrected marks the following procedure shall be adopted for deciding order of merit,

**First level:** A candidate with aggregate higher marks in GNM at the MNC Examination shall be preferred, if the tie still persists then:

**Second level:** A candidate with aggregate higher marks in HSC/12th Standard preferably science stream and PCBE marks shall be preferred, if the tie still persists then:

**Third level:** A candidate with aggregate higher marks in S.S.C. or equivalent Examination shall be preferred, if the tie still persists, then:

**Forth level:** An older candidate shall be preferred over a younger Candidate.

**6.3** All the candidates who have filled the application forms for **Post Basic Diploma in Pediatric Nursing 2014** will receive their selection order from Directorate of Medical Education & Research Mumbai-1

**6.4** The Rules and Regulations/procedures stated here in, is applicable for **Post Basic Diploma In Pediatric Nursing** for the academic year 2013-2014 only.

**6.5** No promise is implied herein for the subsequent years and no expectations should be based on this for future.



## 7) Legal Jurisdiction:-

All Disputes pertaining to the selection process shall fall within the jurisdiction of courts at Mumbai only. The Director Medical Education And Research Mumbai shall be the legal person in whose name the Govt.of Maharashtra may sue or may be sued .

## 8) CONDUCT AND DISCIPLINE

8.1 Failure of the candidate in making full and correct statements in the application form and/or suppression of any information would lead to disqualification of the candidate for **Post Basic Diploma In Pediatric Nursing 2014** or even at later date. Such candidate will be debarred from the entire Selection process

8.3 After completion of **Post Basic Diploma In Pediatric Nursing - 2014**

candidate from Government sector should submit **5 years service** bond to the Government. Failing to comply condition of this bond, candidate, will have to pay penalty as per Govt. rules, with current bank interest.

8.3 Govt. Candidates have to submit 5 years bond affidavit

8.4 Any issue not dealt here-in above will be dealt with, when arising ,fully and finally by the DMER.

8.5 Any Amendments made by Govt. Maharashtra from time to time will be implemented

8.6 The Course Completion certificate of **Post Basic Diploma In Pediatric Nursing - 2014** will be given by the Institute Of Nursing Education ,Mumbai

8.7 The certificate of **Post Basic Diploma In Pediatric Nursing - 2014** will be given by the Maharashtra Nursing Council ,Mumbai

**ANNEXURE-A**  
**CONSTITUTIONAL RESERVATIONS**

- 1) The candidates recognized by the State of Maharashtra as belonging to the following
- 2) Categories shall alone be eligible to claim admissions as against the seats reserved for such categories. These categories are as follows:-

Sr. No.	Categories	Percentage
1.	Scheduled Castes and Scheduled Caste converts to Buddhism (SC)	13.0 %
2.	Scheduled Tribes (ST)	7.0 %
3.	Vimukta Jati ( VJ)	3.0 %
4.	Nomadic Tribes ( NT-1)	2.5%
5.	Nomadic Tribes ( NT-2 )	3.5 %
6.	Nomadic Tribes ( NT-3)	2.0 %
7.	Other Backward Category (OBC) including SBC	19.0%
	Total	50.0 %

- 3) Candidates belonging to aforesaid categories will be required to submit the Caste Certificate and the Caste/Tribe Validity Certificate.
- 4) The candidates who have claimed the Constitutional Reservation in the original Application Form must submit Caste Validity Certificate at the time of counseling. Failing which the category claim, will not be granted.

## ANNEXURE - B

### **PERSON WITH DISABILITY (PWD)**

1) Following are the criteria for reservation under Person with Disability Category. “3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotors disability of lower limbs between 50% to 70%. Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotors disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotors disability of lower limbs between 40% to 50%.

Provided further that this entire exercise shall be completed by each institute/college as per the statutory time schedule for admissions and in no case any admission will be made in the nursing college after 30<sup>th</sup> of September.

2) The Candidate with a disability more than 70% will not be eligible for admission to **P.B.DP. Nsg.** Courses. No other disability shall be allowed. However, such a candidate will be required to undergo medical examination by a Medical Board constituted for this purpose by the Competent Authority. The Medical Board will ascertain and certify the disability and will also ascertain and certify that he/she is physically fit to undergo the course despite the disability.

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**PROFORMA OF CERTIFICATE FOR PERSON WITH DISABILITY  
(PWD)**

This is to certify that after clinical examination, it has been found that

Mr./Miss.....  
.... who desires to pursue **P.B.DP.Nsg** Nursing Course in Government/ Private for the year 2013-2014 for claiming the benefit of seat reserved for Person With Disability, is an individual with -----% permanent/ partial disability pertaining to locomotory disorder of the lower limbs.

It is also certified that he/she fulfills the following criteria:

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation/ability to maintain erect posture.
- (5) Reasonable manual dexterity.

It is further certified that he/she is medically fit to undergo the professional training course (**P.B.DP.Nsg**) inspite of his/her physical disability being diagnosed as.....

Place:

Signature:

Date :

Name :

Official Seal:

## ANNEXURE - C

### MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a Letterhead:

<b>CERTIFICATE OF MEDICAL FITNESS</b>	
<p>This is to certify that I have conducted clinical examination of Mr./Ms ..... Who is desirous of admission to Post Basic Pediatric Nursing Course He/she has not given any personal history of any disease incapacitating him/her to undergo the Course. Post Basic Pediatric Nursing Also, on clinical examination it has been found that he/she is medically fit to undergo the Post Basic Pediatric Nursing Course</p> <p><b>Certified that he/she fulfills the following criteria.</b></p> <ol style="list-style-type: none"><li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li><li>(2) Absence of any disability of upper limb/s.</li><li>(3) Absence of any major visual/ auditory disability.</li><li>(4) Absence of psychosis/neurosis/mental retardation,</li><li>(5) Ability to maintain erect posture,</li><li>(6) Reasonable manual dexterity.</li></ol> <p>Though, following deviations have been revealed, in my opinion, as these are not impediments to pursue a career as a Medical/ Dental/ Ayurved/ Unani/ Occupational Therapy/ Physiotherapy / Audiology &amp; Speech, Language Pathology / Prosthetics &amp; Orthotics / Post Basic Pediatric <b>Nursing</b>. (<i>Strike, which is not applicable</i>):</p> <p>1 .....</p> <p>2 .....</p> <p>3 .....</p>	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	

**ANNEXURE – D**

A candidate belonging to 'Creamy Layer' amongst the categories 3,4,5,6 and 7 must note that the provision of reservation is NOT applicable to him/her. A candidate claiming benefit of reservation under the Categories 3,4,5,6 and 7 above will be required to produce Non-Creamy Layer Certificate in the name of parent as specified in the Government resolution No. 13/01/2009- The certificate in prescribed proforma (Annexure - H) stating that it is valid upto 31/03/2013 should be submitted at the time of counseling, .However, such a Non-Creamy Layer Certificate shall be produced in any case on or before the last date of counseling, failing which the category claim will not be granted.

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**PROFORMA FOR NON-CREAMY LAYER CERTIFICATE**

**ifjfk"v & d**

Form of Certificate to be produced by Other Backward Classes, Vimukta Jati (A), Nomadic Tribes (B, C, D) and Special Backward Category and its synonyms belonging to the State of Maharashtra along with

Non Creamy Layer Status.

PART - A

Documents Verified:

- 1)
- 2)
- 3)
- 4)

This is to certify that Shri/Shrimati/Kumari .....

son/ daughter of ..... of Village.....  
Taluka.....District..... of the State  
of Maharashtra belongs to the

.....  
Caste/Community/Tribe which is recognised as a Other Backward Class/ Vimukta Jati(A)/Nomadic Tribe (B,C, D)/ Special Backward Category under the Government Resolution No. dated..... as amended from time to time.

2.Shri/Shrimati/Kumari ..... and/or his/her family ordinarily reside(s) in village....., Taluka, District of the State of Maharashtra.

3.This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in the Government of Maharashtra Gazette, Part-IV-B, dated 29<sup>th</sup> January 2004, Maharashtra State Public Service (Reservation for S.C./S..T./D.T. (V.J.), N.T., S.B.C. & O.B.C. Act, 2001 and instruction and guidelines laid down in the Government Resolution, Social Justice, Cultural Affairs and Sports & Special Assistance

Department No. CBC.1094/CR-86/BCW-V, dated 16<sup>th</sup> June 1994 and Government Resolution No. CBC.10/2001/CR-111/BCW-V, dated 29<sup>th</sup> May 2003 as amended from time to time.

4.This Certificate is valid for the period upto 31/3/ ..... from the date of issue.

Sr. No .....

Signature : .....

Place : .....

Designation : .....  
(with seal of office)

Dated : .....

Please delete the words which are not applicable  
Please quote the name of department and specific number and date of Resolution under which the caste/community/tribe has been recognized as O.B.C., V.J., N.T., of S.B.C. by the Government of Maharashtra.

Note:- The term "Ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950





**Application Form for Admission To**  
**Post basic Diploma In Pediatric Nursing**  
**Government of Maharashtra**  
**For The Year 2014-2015**  
*(Course commencement from 01/06/2014 to 30/04/2015)*

**Annexure-"E"**

**Instruction for filling Application Form for Post Basic Diploma In Pediatric Nursing - 2014**

- 1) write with a Black ink ball point Pen using English capital letters and English numerals only.
- 2) Do not make any stray mark on this form.
- 3) Please Tick( ) Appropriate Block
- 4) Please note that no Original certificates to be submitted along with the Application form.

**Last Name (Surname):**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**First Name:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Middle Name:-**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Mothers Name:-**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Gender:-**

<b>M</b>		<b>F</b>	
----------	--	----------	--

**Date Of Birth:-**

<b>Date</b>		<b>Month</b>		<b>Year</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Nationality:-**

**Candidate Is Domicile of :-**

**Religion /Caste: .....**

**Category: - .....**

**Candidate's Present Designation: .....**

**Address :-**

**Local .....**

.....

**Contact Telephone Number ( with STD code)**

**Landline:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Mobile :**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Permanent:- .....**

.....

**Contact no. ....**

**Email Add.:- .....**

## **Education Academic and Professional:-**

<i>Academic</i>	<i>Name of Institute</i>	<i>Passing year and month</i>	<i>Total Marks</i>	<i>Marks Out of</i>	<i>Attempts</i>
S.S.C.					
H.S.C.					
<b>Professional</b>					
<b>GNM</b>					
1 <sup>st</sup> year					
2 <sup>nd</sup> year					
3 <sup>rd</sup> year					
Grand Total of GNM					

## **Experience:-**

<i>Sr.No.</i>	<i>Name of the Institute</i>	<i>No. of Beds</i>	<i>From</i>	<i>To</i>	<i>Total</i>
1					
2					
3					
4					

**Special Interest:**

**Hobbies :**

**Awards/Prizes:**

---

**Date:-**

**Place:-**

**Sign Of Applicant**

**Annexure-"F"**

**Course Completion Certificate**

**This is certify that Shri. /Smt/Ms. ....**

**Was admitted for Post basic Diploma In Pediatric Nursing on .././2014 , has**

**Completed the said course on .././2015.**

**Principal  
Institute of Nursing Education,  
Mumbai.**

## Annexure-"G"

**To be filled by the Nursing Superintendent of the Hospital**

**Applicant's knowledge of English language**

	Excellent	Good	Fair	Poor
<b>Read</b>				
<b>Write</b>				
<b>Understand</b>				
<b>Follow Lecture</b>				

**Remark :- After completion of Post Basic Diploma In Pediatric Nursing How candidate will utilize his/her knowledge.**

.....

.....

.....

.....

.....

**Signature of Nursing Superintendent**

**Office Stamp**