

## **TERMS AND CONDITIONS FOR THE THREE MONTHS COMPETENCY BASED TRAINING (CBT) FOR NURSES**

### **1. Duration Training:**

This is a **three months full time** training program. During the training period, the trainees are expected to be regular in attending the classes and the practical training. Since the practical training would be in patient care areas, their conduct should be exemplary.

### **2. Working Hours:**

During the 1<sup>st</sup> month, the working hours are from 7:30 am. to 4:30 pm. (with usual intervals) and 100% attendance is mandatory. During the 2<sup>nd</sup> and 3<sup>rd</sup> month of the training, they will be posted in different shifts in the clinical area.

### **3. Leave:**

No leave shall be granted, if it would interfere with the training. However, leave can be granted for valid reasons or unavoidable circumstances and the leave taken by the trainees should be compensated by extending the training period.

### **4. Stipend:**

Stipend will be given during the 2<sup>nd</sup> and 3<sup>rd</sup> month of training, as per rules.

### **5. Accommodation:**

May be provided for the female candidates.

### **6. Discipline:**

The trainees are expected to attend the classes regularly and maintain high standard of discipline. If they are unauthorisedly absent, their training will be terminated without any enquiry, notice or compensation. In the evaluation, if the trainees fail to show any interest or progress during the training programme, their training will be terminated without any enquiry, notice or compensation. The decision of the management will be final. The trainees during the training period should not directly or indirectly indulge themselves in any disorderly/disruptive behavior or misconduct listed in the Staff Service Rules of this institution.

### **7. Dress Code:**

The trainees are expected to dress modestly both during class hours and while in the clinical area.

**8.** At the end of 3 months training, theory and practical exams will be conducted. Only the candidates who obtain 70% or above in the theory and practical exams may be considered for employment.

**9.** After successful completion of the training, if a trainee is absorbed as an employee after following due process of the recruitment, she/he would require to serve the institution for **one year** by executing a Services Bond.

**10.** No certificate will be issued at the end of the training.

**Status:** For all purpose, the trainees are not considered as employees of C.M.C. They do not have any claim for any employment in the Institution after the training period. The management reserves the right to terminate the training of a trainee without any notice or compensation or without assigning any reason.

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**NURSING SUPERINTENDENT**

**ACKNOWLEDGEMENT**

I have read and understood the Terms and conditions very clearly. I understand that the training offered to me is only for my professional experience. It shall never confer any right of employment to me in this institution.

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Name and Signature of the trainee

Witness: (Name, Signature & Residential Address)

(1)

(2)



**CHRISTIAN MEDICAL COLLEGE & HOSPITAL  
OFFICE OF THE NURSING SUPERINTENDENT  
VELLORE- 632 004.**



For office use only

Appl.No:

**Application for Competency Based Training Programme  
for Staff Nurses for CMC, Chittoor, A.P. (August 2019)**  
(To be filled in by candidate's own handwriting)

Affix your  
recent  
Photograph in  
stamp size

1. Name in Full :  
(in block letters)

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2. Present/ Address for :  
Communication :  
(All Correspondences will  
be sent to this address)

Phone Number :

Mobile Number :

E – Mail ID :

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3. Permanent Address :

Phone Number :

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4. Age and Date of birth :

Gender : Male / Female

Religion :

Marital Status (Tick Mark) : Single / Married / Widow (er)

If Married, Husband's Name  
& Occupation :

No. of Children and their age :

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5. (a) Name of Father / Guardian:

Address and Occupation:

(b) Is any staff member / student of C.M.C.  
past or present related to you? Yes/No If so give details (**Please  
note, friend is not a relative**)

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6. Professional Qualifications: **B.Sc /Diploma**

Name & Address of the School of Nursing/: \_\_\_\_\_  
College of Nursing \_\_\_\_\_

Date of passing : \_\_\_\_\_

Does the institution runs its own hospital : Yes/ No

If so, number of beds in the hospital : \_\_\_\_\_

**Registration Number with dates**

General Nursing:

Midwifery:

Name and Location of the Registration Council:

Have you registered in Tamil Nadu Nurses & Midwifery Council: **Yes/No**

If yes, TN Registration number : \_\_\_\_\_

7.

<b>EMPLOYMENT DETAILS (PRESENT EMPLOYMENT AT THE TOP)</b>						
S. No.	Name of the Company / Institution	Post held	Period Served		No. of years of experience	Reasons for leaving / other remarks
			From	To		
1.						
2.						
3.						

8. Are you under any service obligation? If yes, Please give details:

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9. Have you applied for training/ job in **Nursing Service, CMC** before (Date of application): If yes, reason for not joining:

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10. Have you been employed in C.M.C before :

Date of appointment and Designation :

If yes, reason for resignation :

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Height	Weight

11. Any major illness in the past. (Give details)

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12. Do you have any health problem for which you are planning on seeking medical care after joining:

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13. Give details here of your literary, cultural, artistic games, sports etc., ability and Achievements (if any)

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I certify that all the information provided by me herein is correct and complete to the best of my knowledge and belief and nothing has been concealed.

Date.....

Signature of the Applicant:

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**Please ensure that the following documents are enclosed.**

Please tick the Enclosures (Xerox copies only)

**Enclosures (Xerox Copies only)**

Higher Secondary Certificate :

Transfer Certificate :

B.Sc. / Diploma Certificate :

Course Completion Certificate :

A.P. Reg. Certificate :

Experience Certificate :