



# Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

*Signature*

(Old Nurses Hostel, D.K.S Parisar, Raipur, Chhattisgarh)  
(website:- [www.cgnrc.org](http://www.cgnrc.org), Email id – [snrc.cg@gmail.com](mailto:snrc.cg@gmail.com), phone:- 0771-2227600)



## Application for permission to appear for First Year Examination

(This application must reach The Registrar Office as per the Notification dated, for the commencement of the examination)

Tick the appropriate → **REGULAR** ☐ **SUPPLEMENTARY** ☐  
**FIRST YEAR EXAMINATION IN GENERAL NURSING – MIDWIFERY**  
**(REVISED SYLLABUS)**

Attested Photo

Tick the appropriate → ☒ **Paper** **Subject**

<input type="checkbox"/> I	Bio Science – Anatomy & Physiology & Microbiology.
<input type="checkbox"/> II	Behavioral Science – Psychology & Sociology.
<input type="checkbox"/> III(A)	Fundamental of Nursing – Fundamental of Ng. First Aid & Hygiene.
<input type="checkbox"/> III(B)	Practical – Fundamental of Nursing.
<input type="checkbox"/> IV	Community Health Nursing – I Community Health Ng. & Comm. Skills & Nutrition.

To,  
**The Registrar**  
**Chhattisgarh Nurses Registration Council**  
**Raipur Chhattisgarh**

**Through: - Principal /Incharge Principal/ Senior Sister Tutor. School of Nursing.....**

**Madam,**

I request permission to present myself at the ensuing First Year (1<sup>st</sup> Year) Examination in General Nursing – Midwifery Course, to submit the exam form through the Principal of my school of nursing only.

The sum of **Rs. 1500=00** is forwarded herewith as Examination fee (including Form + Mark sheet)

The Particulars given below in parts I & II are true to my knowledge.

**Place** .....  
**Date** .....

I am  
Yours faithfully

Name:-.....

Signature of Examinee:- .....

### **I – PERSONAL DETAILS**

- Name in full (in block capital letters) : - Ku./Smt/ Shri. ....  
D/o, W/o .....single / married .....sex.....
- Race or Caste or Religion .....Nationality .....
- Date of Birth .....Age .....
- Educational Qualification (10<sup>th</sup> & 12<sup>th</sup> Mark Sheet Xerox copy attached) .....
- Age at the time of Admission to the Training School.....
- Name of recognized training institution in which training .....  
.....
- Date of admission to the recognized training institution .....
- Period of training from.....to..... (Year.....Month) General Nursing – Midwifery.
- Permanent residential Address in full .....  
.....

**Place** .....  
**Date** .....

Signature of Examinee

## II – EXAMINATION PARTICULARS

1. I wish to be examined at .....Centre.
2. I wish to appear at the ensuing Final Examination for First /Second /Third time.
3. I wish to be examined in the subject of : -

Paper	Subject
I	Bio Science – Anatomy & Physiology & Microbiology
II	Behavioral Science – Psychology & Sociology
III(A)	Fundamental of Nursing – Fundamental of Ng. First Aid & Hygiene.
III(B)	Practical –: Fundamental of Nursing.
IV	Community Health Nursing – I Community Health Ng. & Comm. Skills & Nutrition

4. I have already passed in the subject's (1).....(2).....(3)..... Examination held on .....and the following days and hence I am reappearing in the Examination. I have undergone refresher's course in the subject's for a period of not less than 6 month after my failure.
5. I wish to answer the question paper in English/Hindi Medium.

Place .....

Date .....

.....

Signature of Examinee

### III – DECLARATION OF THE PRINCIPAL / INCHARGE PRINCIPAL / SENIOR SISTER TUTOR

I hereby declare that : -

1. Smt./Ku./Shri ..... fulfils the educational requirements for appearing in the Examination of General Nursing & Midwifery (1st year) His/her work and conduct have been satisfactory during the period.
2. He/She has completed not less than 11 months of training in First Year Course, that his/her work and conduct have been satisfactory during that period.
3. He/ She has attended not less than 80% of the Lectures and demonstrations on in every single subject as per INC curriculum. & also 80% of field Experience stipulated by the Indian Nursing Council.
4. He/She has completed "Record of Practical Work" and is signed by Sister Tutor and Ward Sister. which is directed to present at the Practical Examination.
5. He/She in my opinion is Medically fit, & He/She age, education, character, conduct and training is appropriate to appear/reappear at the Second Year Examination in General Nursing - Midwifery.
6. The particulars mentioned above are true to my knowledge.

Place .....

Senior Sister Tutor

Principal/School of Nursing

Date .....

.....

.....

- Note :-**
1. Before Submitting please tally the candidates name with the 10<sup>th</sup> & 12<sup>th</sup> marksheet.
  2. Please Enclose the students list as per the admission list from DHS.
  3. Enclose mark sheet copies of 10th & 12th