



Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

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



Application for permission to appear for Third Year Examination

(This application must reach the Registrar, office for per the notification for the commencement of the examination)

Tick the appropriate ☐ **REGULAR** ☐ **SUPPLEMENTARY**

FINAL YEAR (3rd Year) EXAMINATION IN GENERAL NURSING –MIDWIFERY (REVISED SYLLABUS)

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

<input type="checkbox"/> I	Midwifery & Gynecology
<input type="checkbox"/> II	Community Health Nursing – II
<input type="checkbox"/> III	Practical – : Midwifery
<input type="checkbox"/> IV	Practical – : Community Health Nursing – II

Attested Photo

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 Final Year (3rd Year) Examination in General Nursing – Midwifery Course, to submit the exam form through 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
your faithfully

Name:-.....

Signature of Examinee :-

I – PERSONAL DETAILS

- Name in full (in block capital letters) : - Ku./Smt./ Shri
D/o, W/osingle / marriedsex.....
- Race or Caste or ReligionNationality
- Date of BirthAge
- Educational Qualification
- 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) in Second Year General Nursing – Midwifery.
- Permanent residential Address in full

Place

Date

Signature of Examinee

II – EXAMINATION PARTICULARS

1. I wish to be examined atCentre.
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	Midwifery & Gynecology
II	Community Health Nursing – II
III	Practical – : Midwifery
IV	Practical –: Community Health Nursing – II

4. I have already passed in the subject's (1).....(2).....(3).....
Examination held onand 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./Kum./Shricompleted 3 year of training and passed 2nd year examination.
2. He/ She has attended not less than 80% of the Lectures and demonstrations in every single subject as per INC curriculum. & also 80% of Field Experience stipulated by the Indian Nursing Council.
3. He/She has completed "Case Book" signed by Sister Tutor and he/she is directed to present it at the Practical Examination.
4. He/She has undergone refresher's course in the subject's in which he/she has failed last time for a period of not less than 6 month.
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 given above are true to my knowledge

Place

Senior Sister Tutor

Principal/School of Nursing

Date

.....

.....

Note :- . 1. Please enlist the roll number of the previous examination.

2. Please tally the name with the Tabulation Result sheet in which his/ her name is mentioned.

3. Enclose all mark sheet copies / tabulation sheet of the previous examinations.