# **Chhattisgarh Nurses Registration Council**

### Raipur Chhattisgarh

### Application for permission to appear for Final Year Examination

(This application must reach the Registrar, at least 2 month before the date fixed for the commencement of the examination)

## FINAL YEAR (3<sup>rd</sup> Year) EXAMINATION IN GENERAL NURSING –MIDWIFERY COURSE

Attested Photo

<b>Subject:</b>	-	Paper	Subject					
		I	Midwifery & Gynecology					
		II	Pediatric Nursing					
		III	Community Health Nursing – II					
		IV	Practical – I : Midwifery					
		V	Practical – II: Pediatric Nursing					
		VI	Practical – III: Community Health Nursing – II					
To,								
The Registrar Chhattisgarh Nurses Registration Council Raipur Chhattisgarh								
Through: - Principal /Senior Sister Tutor/Incharge Sister Tutor. School of Nursing								
Sir/Madam,								
I request permission to present myself at the ensuing Final Year (3 <sup>rd</sup> Year) Examination in General Nursing – Midwifery Course.  The sum of Rs. 300=00 is forwarded herewith as Examination fee by Cash/ crossed Bank Draft.  The Particulars given below in parts I & II are true to best of my knowledge.								
			You're faithfully					
Place								
<b>Date</b>			Signature of Examine	ee				
I – PERSONAL DETAILS								
	1. Name in full (in block capital letters beginning with surname): - Ku./Smt.							
	D/o, W/osingle / marriedsex							
			Nationality					
			Age					
5. A	Age at the time	of Admission to	the Training School					

6.	6. Name of recognized training institution in which training							
7.	7. Date of admission to the recognized training institution							
8.								
	General Nursing							
9.	Permanent residential Address in full							
Place .								
Date .	• • • • • • • • • • • • • • • • • • • •		Signature of Examinee					
		II – EXA	MINATION PARTICULARS					
1.	I wish to be exan	nined at						
2.			1 Examination for First /Second /third time.					
3.		nined in the subject						
	Subject: -	Paper	Subject					
	· ·	I	Midwifery & Gynecology					
		II	Pediatric Nursing					
		III	Community Health Nursing – II					
		IV	Practical – I : Midwifery					
		V	Practical – II: Pediatric Nursing					
		VI	Practical – III: Community Health Nursing – II					
<ul><li>4.</li><li>5.</li></ul>	Examination held Examination. I hamy failure.	d onave undergone refr	's (1)					
Place								
Da	Signature of Examinee							

#### III - CERTIFICATE OF PRINCIPAL / SENIOR SISTERS TUTOR/I/c SISTERS TUTOR

#### The undersigned here by certify that: -

1.	Smt./Kum./Shri	completed 2 year of training and passed 2 <sup>nd</sup>
	year examination.	

- 2. She has attended not less than 75% of the lectures and demonstrations on the subject given in the training centre and also 75% of the field experience predrilled by the Indian Nursing Council.
- 3. She has completed "Case Book" signed by Sister Tutor and she is directed to present it at the Practical Examination.
- 4. She has undergone refresher's course in the subject's in which she has failed last time for a period of not less than 6 month.
- 5. She is my opinion medically fit, age, education, character, conduct and training to appear for the final Examination.
- 6. The particulars given above are true to the best my knowledge

Place	Senior Sister Tutor	Principal/School of Nursing
Date		

**Note: -** 1. Please quite roll number of the examination last taker.

2. Please tally this name with the Result sheet in which her name has last appeared.