



Chhattisgarh Nurses Registration Council Raipur Chhattisgarh



CGNRC

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

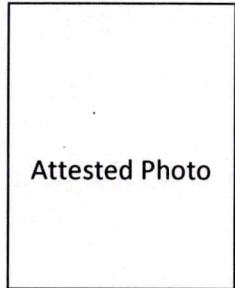
Application for permission to appear for First Year Examination

(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)

Tick the appropriate →	<input checked="" type="checkbox"/>	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.....
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Madam,

I request permission to present myself at the ensuing First Year (1st 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

1. Name in full (in block capital letters) : - Ku./Smt/ Shri.
D/o, W/osingle / marriedsex.....
2. Race or Caste or ReligionNationality
3. Date of BirthAge
4. Educational Qualification (10th& 12th Mark Sheet Xerox copy attached)
5. Age at the time of Admission to the Training School.....
6. Name of recognized training institution in which training
7. Date of admission to the recognized training institution
8. Period of training from.....to..... (Year.....Month) General Nursing – Midwifery.
9. 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	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 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./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 10th & 12th marksheet.
 2. Please Enclose the students list as per the admission list from DHS.
 3. Enclose mark sheet copies of 10th & 12th