



*CSM*

# Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

(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 Second Year Examination

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

Tick the appropriate → **REGULAR**  **SUPPLEMENTARY**

### SECOND YEAR EXAMINATION IN GENERAL NURSING – MIDWIFERY (REVISED SYLLABUS)

Attested Photo

Tick the appropriate →	<input checked="" type="checkbox"/>	Paper	Subject
	<input type="checkbox"/>	(I)	Medical Surgical Nursing – I (including pharmacology).
	<input type="checkbox"/>	(II)	Medical Surgical Nursing – II (including Specialties Eye-ENT, Gynecological Nursing Communicable Disease & Orthopedic Nursing).
	<input type="checkbox"/>	(a)	Practical : - Medical Surgical Nursing.
	<input type="checkbox"/>	(III)	Mental Health and Psychiatric Nursing.
	<input type="checkbox"/>	(b)	Practical : - Mental Health, Psychiatric Nursing ( <u>School Examination</u> ).
	<input type="checkbox"/>	(IV)	Child Health Nursing.
	<input type="checkbox"/>	(c)	Practical : - Child Health Nursing.

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

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

Madam,  
Request permission to present myself at the ensuing Second Year (2<sup>nd</sup>Year) Examination in General Nursing – Midwifery Course, to submit the exam form through the Principal of my school of nursing only.  
1. The sum of **Rs. 1500=00** is forwarded herewith as Examination fee (Including form + Mark sheet)  
2. 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 .....
- 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 at .....Centre.
2. I have passed my First Examination in General Nursing – Midwifery in the Examination held by Chhattisgarh Nurses Registration Council on ..... and the following days.
3. I am new appearing at the ensuing Second Year Examination in General Nursing – Midwifery First/ Second/ Third time.
4. I wish to be examined in the subject of : -

### Paper

### Subject

- |       |   |
|-------|---|
| (I)   | <b>Medical Surgical Nursing – I</b> (including pharmacology).   |
| (II)  | <b>Medical Surgical Nursing – II</b> (including Specialties Eye-ENT, Gynecological Nursing Communicable Disease & Orthopedic Nursing).<br>Practical : - Medical Surgical Nursing. |
| (III) | <b>Mental Health and Psychiatric Nursing.</b><br>Practical : - Mental Health, Psychiatric Nursing (School Examination).   |
| (IV)  | <b>Child Health Nursing.</b><br>Practical : - Child Health Nursing.   |

5. I have already passed in the subject's (1).....(2).....(3).....(4) ..... (5) ..... in the Second Year Nursing Examination held last on .....and hence I have to appear/ reappear only in the subjects of (1) ..... (2) ..... (3) ..... (4) ..... (5) ..... in which I have undergone refresher's course after failure for a period of not less than 6 month in the subject's in which I have failed.  
(Strike out the portion not applicable)

Place .....

Date .....

.....

Signature of Examinee

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

**I hereby declare that : -**

1. Smt./Ku./Shri .....completed 2 year of training and eligible for 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 for the final Examination.
6. The particulars mentioned above are true to my knowledge

Place .....

Date .....

Senior Sister Tutor

.....

Principal/School of Nursing

.....

**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.