



Chhattisgarh Nurses Registration Council

Deji

Raipur Chhattisgarh

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

Application for permission to appear for D.P.N. Nursing Examination

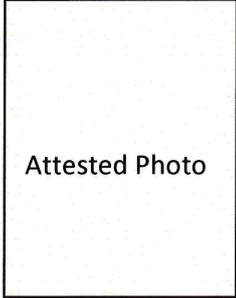
(This application must reach the Registrar, office for per the notification for the commencement of the examination)

Tick the appropriate REGULAR SUPPLEMENTARY

DIPLOMA IN PSYCHIATRIC NURSING (D.P.N.)

Tick the appropriate

Paper	Subject
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	I CLINICAL NURSING-I
<input type="checkbox"/>	II CLINICAL NURSING-II
<input type="checkbox"/>	III TRENDS, PRINCIPLES OF NURSING Mgt. incl. Nsg. Edu. RESEARCH & STATISTICE
<input type="checkbox"/>	IV CLINICAL NURSING (PRACTICAL)



Attested Photo

To,

The Registrar
Chhattisgarh Nurses Registration Council
Raipur Chhattisgarh

Through:- Principal /Incharge Principal/ College of Nursing

Respected Madam,

I request permission to present myself at the ensuing D.P.N. Course Examination & submit the exam form through the Principal of my college of nursing only.

- The sum of **Rs. 1500=00** is forwarded herewith as Examination fee (Including form + Mark sheet)
- The Particulars given below are true to my knowledge.

Place
Date

I am
yours faithfully

Name:-.....

Signature of Examinee:-

ENROLLMENT No.

ROLL No.

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
- Permanent Address.....
.....

Place
Date

.....
Signature of Examinee

DECLARATION OF THE PRINCIPAL / INCHARGE PRINCIPAL

I hereby declare that : -

1. Smt./Ku./Shricompleted one year of training.
2. He/She has attended not less than 80% of the lectures and demonstrations on the subject given in the training centre and also 80% of the field experience stipulated by the Indian Nursing Council.
3. He/ She have completed "Case Book" signed by Tutor and he/ she is directed to present it at the Practical Examination.
4. He/ She in my opinion is Medically fit, age, education, character, conduct and training to appear for the final Examination.
5. The particulars ,mentioned above are true to the best my knowledge.
6. The sum of **Rs.1500=00** is forwarded herewith as Examination fee via online payment mode.

Place

Principal College of Nursing

Date

Signature

Seal