



Chhattisgarh Nurses Registration Council Raipur Chhattisgarh



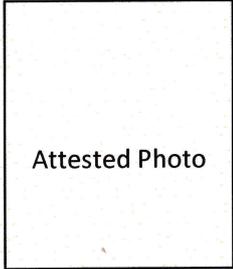
(Old Nurses Hostel, D.K.S Parisar, Raipur Chhattisgarh,
(website:- www.cgnrc.org, Email id – snrc.cg@gmail.com, phone:- 0771-2227600)

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)



Attested Photo

Tick the appropriate	<input checked="" type="checkbox"/>	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

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

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
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) in Second Year 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	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.