

# Chhattisgarh Nurses Registration Council

## Raipur Chhattisgarh

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

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

### SECOND YEAR GENERAL NURSING AND MIDWIFERY SUPPLYMENTARY EXAMINATION FORM (OLD COURSE)

Attested Photo

- Subject :-** (1) **Medical Surgical Nursing – I** (including pharmacology).  
(2) **Medical Surgical Nursing – II** (including Specialties Eye-ENT, Gynecological Nursing Communicable Disease & Orthopedic Nursing).  
(3) **Mental Health and Psychiatric Nursing.**  
(4) Practical – I : - Medical Surgical Nursing.  
(5) Practical – II : - Mental Health, Psychiatric Nursing (Local Examination).

To,

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

**Through :- Principal/Senior Sister Tuter/Incharge Sister Tutar. School of Nursing.....**

**Madam,**

1. Request permission to present myself at the ensuing Second Year (2<sup>nd</sup> Year) Examination in General Nursing – Midwifery Course in the subject noted overleaf.
2. The sum of Rs. 1500=00 is forwarded herewith as Examination fee (Including form + Mark sheet)
3. The Particulars given below in parts I & II are true to best of my knowledge.

I am Sir  
your faithfully

**Place** .....

**Date** .....

Signature of Examinee

### **I – PERSONAL DETAILS**

1. Name in full (in block capital letters beginning with surname) : - Ku./Smt./Shri .....  
D/o, W/o .....single / married .....sex.....
2. Race or Caste or Religion .....Nationality .....
3. Date of Birth .....Age .....
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 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 : -

- Subject :-** (1) **Medical Surgical Nursing – I** (including pharmacology).  
(2) **Medical Surgical Nursing – II** (including Specialties Eye-ENT, Gynecological Nursing Communicable Disease & Orthopedic Nursing).  
(3) **Mental Health and Psychiatric Nursing.**  
(4) Practical – I : - Medical Surgical Nursing.  
(5) Practical – II : - Mental Health, Psychiatric Nursing (Local Examination).

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 – CERTIFICATE OF PRINCIPAL/SENIOR SISTERS TUTOR/SISTERS TUTOR

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

1. Smt./Ku./Shri ..... fulfils the educational requirements for admission to the Examination in the General Nursing and that her work and conduct have been satisfactory during the period.
2. She has completed not less than 12 month after passing the First Year Examination that her work and conduct have been satisfactory during that period.
3. She has attended not less than 75% of the lectures and demonstration given on each subject in the training Center according to the Syllabus prescribed by the Indian Nursing Council.
4. She has completed “Record of Practical Work” and is signed by Sister Tutor and Word Sister. she is directed to present it at the Practical Examination.
5. 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.
6. She is my opinion Medically fit, age, education, character, conduct and training to appear/reappear at the Second Year Examination in General Nursing - Midwifery.
7. The particulars given above are true to the best of my knowledge.

Place .....

Date .....

Senior Sister Tutor

.....

Principal/School of Nursing

.....

Note:- Before sending please tally the candidates name with the examinations, she last passed. The name that written must be perpetuated.