



# 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 in Lieu of Mercy Chance

(This application must reach The Registrar Office as per the Notification dated, for the commencement of the examination)

Tick the appropriate → G.N.M  BSc.  PbBSc.   
D.P.N.  MSc.

Attested Photo

## LIEU OF MERCY CHANCE EXAMINATION

<u>DISTRIBUTION OF QUESTIONS.</u>	NUMBER OF MCQS**	DURATION OF EXAM	NUMBER OF ATTEMPTS
SUBJECTS/COURSES			
Nursing Foundations — Integrating applied basic Science and behavioral Sciences	20	2 HOURS	2 (TWO)
Medical Surgical Nursing I & II	10		
Community Health Nursing	10		
Child Health Nursing.	10		
Mental Health Nursing	10		
Midwifery	20		
Communication & Educational Technology, Nursing Research and Nursing Management	10		
Drug Calculation(Administration — Oral/Sc/IM/IV medication, IV fluid)	10		
<b>Total</b>	<b>100</b>		

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

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

Madam,

I request permission to present myself at the ensuing lieu of Mercy Chance Examination in G.N.M   
BSc.  Pb.Bsc  D.P.N.  Msc.  to submit the exam form through the Principal of my  
College/School of Nursing only.

The sum of **Rs. 1500=00** is forwarded herewith as Examination fee (including Form + Mark sheet)

Place .....

I am

Date .....

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.....
- Date of Birth .....Age .....
- Name of recognized training institution in which training is taking .....
- Date of admission to the recognized training institution .....

**P.T.O**

5. Permanent residential Address in full .....

Place .....  
Date .....

.....  
Signature of Examinee

**II - DECLARATION OF THE PRINCIPAL / INCHARGE PRINCIPAL / SENIOR SISTER TUTOR**

This is to certify that Ms/Mrs/Mr.....  
Roll No.....Enrollment No.....  
is a student of ..... training  
institute, for the.....course and admitted during the .....academic year.  
He/She has completed the course requirement (prescribed theory and practical hours in the final year program)  
and attended the Final year Examination and having arrears in .....  
& .....subject and is eligible to apply for the Mercy Chance  
examination to be conducted by the Chhattisgarh Nurses Registration Council, Raipur and also to certify that this  
candidate has appeared or not in any previous Mercy Chance Examination conducted by CGNRC. If the  
candidate had appeared in any previous Mercy Chance attempts mention the details.....

Principal Name:-.....

Place:- .....

Sign:- .....

Date:- .....

Seal:-.....

- Note:-**
1. Attach all copies of the mark sheet of all years of particular curriculum.
  2. Mercy Chance will only be applicable to those candidates who have completed the the Nursing course (theory & practical hours) in prescribed maximum time limit (double the duration of the course) and the candidate was not able to clear the final year examinations of the respective course within the prescribed maximum duration.
  3. Mercy Chance is not applicable to candidates who discontinue or re-join the course.
  4. Mercy Chance is applicable only for Final Year University/ Board Examination.
  5. If the candidate is Ineligible for the mercy chance examination, the fees paid will not be refunded back.