

Chhattisgarh Nurses Registration Council

Raipur Chhattisgarh

Application for Permission to appear for Examination

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

COUTION:-Incomplete forms will not be entertained.

EXAMINATION OF FEMALE HEALTH WORKER (Revised A.N.M. 1st Year)

To,

The Registrar

Chhattisgarh Nurses Registration Council

Raipur Chhattisgarh

Attested Photo

Through: - The Principal

Sir/Madam,

I request permission to present myself at the ensuing EXAMINATION FOR THE COURSE OF REVISED A.N.M. (F.H.W.)

1. I sum of Rs. 300.00/- total is forwarded herewith. (Including fee for mark sheet.)
2. The Particulars given below in parts I & II are true to the best of my knowledge.

I am Sir
You're faithfully

Place

Date

Signature of Examinee

I – PERSONAL DETAILS

1. Name in full (in Black capital letter beginning with surname) Ku./Smt./Shri.....
W/o,.....Single/Married.....sex.....
2. Date of Birth.....Age.....
3. Permanent Address in Full.....
.....
4. Education Qualification.....
5. Religion.....Nationality.....
6. Age at the time Admission to the Training School.....
7. Name of Training School.....
8. Date of Admission to the Training School.....

9. Period of Training from.....to.....(Year.....Month)
 10. Attempts similar Examination Address in full

Place

Date

Signature of Examinee

II – EXAMINATION PARTICULARS

1. Wish to be examined at the Examination Centre.....
2. I wish to appear at the ensuing Examination of Rev. A.N.M. (F.W.H.) for the First/Second/Third/Forth time.
3. I have completed the course of Rev. A.N.M. (F.H.W.) According to the syllabus prescribed by the Indian Nursing Council.
4. I wish to be examined in the subject of :- (1) Community Health Nursing (2) Health Promotion (3) Primary Health Care Nursing (I) Practical – Community Health Nursing & Health Promotion (II) Practical – Child Health Nursing.
5. I have failed in the last Examination hold onmonth.....year..... and the following days and hours. I have reappeared at the same examination. I have under refresher’s course in the subject for period of not less than 6 months.
6. I wish to answer the question papers in English/Hindi Medium. (Strike out the portion not applicable)

Place

Date

Signature of Examinee

III – CERTIFICATE OF NURSING / MEDICAL SUPERINTENDENT

The undersigned here by certify that:-

1. Smt./Ku./Shri..... fulfills requirement for admission to the course of Examination Rev. A.N.M. (F.H.W.) and during that period her work and conduct have been satisfactory.
2. She has attended not less than 75% of the lectures and demonstrations given on each subject in the training centre.
3. She completed Record of Practical and is signed by the Nursing Superintendent and she is directed to present it at the Practical Examination.
4. She has undergone refresher’s course in the subjects in which she has failed last time for a period of not less than 6 months.
5. She is in my opinion fitted by health, age, education, character, conduct, and training to appear for the Examination in Rev. A.N.M. (F.H.W.).
6. The particulars given above are true to the best of my knowledge.

Place

Senior Sister Tutor

Principal / School of Nursing

Date

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