



RAJASTHAN NURSING COUNCIL JAIPUR

B-29, Sardar Patel Marg, C-Scheme, Jaipur, Ph-0141-2222923 Website: www.rncjaipur.org

(FORM I)

First Year Examination in General Nursing and Midwifery Course (this Application must reach the Registrar of the Rajasthan Nursing Council, Jaipur on or before the.....)

APPLICATION

Institution Name.....

Fresh

Repeater/Supplementary

To
The Registrar,
Rajasthan Nursing Council,
Jaipur

Recent Passport Size
Color Photograph
duly attested by the
Principal

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

- Candidate Name :-.....
- Father's Name :-.....
- Mother's Name :-.....
- Age & Date of Birth :-..... Years (DD)...../ (MM)...../ (YY).....
- Current Address :-.....
- Permanent Address :-.....
- Date of passing the previous examination [with Roll No.] :-.....
- Language in which the candidate wishes to be examined **Hindi** **English**

I Mr./Ms. (Name of candidate in Block Letters Same as per Secondary Mark-sheet)
.....S/o/ D/o
request permission to present myself at the ensuing **FIRST YEAR Examination** for General Nursing Midwifery Course.

The Fee Rs.....is forwarded herewith.

Dated.....

Yours Obediently,

(Candidate Signature)

PARTICULARS TO BE FILLED IN BY THE INSTITUTION

- Date of admission to the Institution :-.....
- Record of leave taken with kind of leave & Date :-SL..... VL.....Others..... Total.....
- Period of Training with No. of Lectures attend in each subjects.
 - BIOLOGICAL SCIENCES
Anatomy & Physiology
Microbiology
 - BEHAVIORAL SCIENCE
Psychology
Sociology
 - FUDAMENTALS OF NURSING
Fundamentals of Nursing
First Aid
Personal Hygiene
 - COMMUNITY HEALTH NURSING
Community Health Nursing -1
Environmental Hygiene
Health Education & Communication Skills
Nutrition

4. Details of previous Examinations(s)

| Name of Examination | Year | Roll No. | Result | Marks | Remarks |
|------------------------|------|----------|--------|-------|---------|
| 10 th | | | | | |
| 12 th | | | | | |
| | | | | | |
| | | | | | |

5. Subject offered for Main Examination:-

| Papers | Remarks |
|---------------------------------------|---------|
| BIOLOGICAL SCIENCES | |
| BEHAVIOURAL SCIENCE | |
| FUNDAMENTALS OF NURSING | |
| COMMUNITY HEALTH NURSING | |
| PRACTICAL-I [FUNDAMENTALS OF NURSING] | |

- 6. Conduct
- 7. Health
- 8. Ward work
- 9. General Capacity

SIGNATURE OF NURSING TUTOR

SIGNATURE OF THE PRINCIPAL

CERTIFICATE

I certify that Mr/Ms..... S/O /D/O.....
 has fulfilled the requirement contemplated under the prescribed regulations. In my opinion he/she is fit by his education, character, conduct and training to perform the duties of a nurse. His/her age on the first day of the month of Examination will be to the best of my Information and beliefYear
MonthDay.

I further certify that he/she attended at least 75% of the lectures and demonstrations.

Date:

Signature of the Principal

NB:-

1. Eligibility admission to the exam may be assessed as per instruction in syllabus and Regulations of I.N.C. Only applications of those candidates may be sent who are eligible.
2. Incomplete or late applications without specific reasons will not be entertained.
3. Please attach |a| 10th & 12th Mark-sheet/Certificate |b| GNM Exam Mark-sheet (if any).