



RAJASTHAN NURSING COUNCIL JAIPUR

B-29, Sardar Patel Marg, C-Scheme, Jaipur, Ph-0141-2222923

(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

Recent Passport Size
Color Photograph
duly attested by the
Nursing
Superintendent

To

The Registrar,
Rajasthan Nursing Council,
Jaipur

Sir/Madam,

I Mr./Ms. (Name of candidate in Block Letters Same as 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,

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

- 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**
- 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

9. Details of previous Examinations(s)

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

10. Subject offered for Main Examination:-

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

- 11. Conduct
- 12. Health
- 13. Ward work
- 14. General Capacity

SIGNATURE OF NURSING TUTOR

SIGNATURE OF THE HEAD OF THE INSTITUTION

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 Head of Institution

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).