



RAJASTHAN NURSING COUNCIL JAIPUR

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

(FORM II)

Second 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

1. Candidate Name :-.....
2. Father's Name :-.....
3. Mother's Name :-.....
4. Age & Date of Birth :-..... Years (DD)...../ (MM)...../ (YY).....
5. Current Address :-.....
6. Permanent Address :-.....
7. Date of passing the previous examination [with Roll No.] :-.....
8. 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 **SECOND 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

1. Date of admission to the Institution :-.....
2. Record of leave taken with kind of leave & Date :-SL.....VL.....Others..... Total.....
3. Period of Training with No. of Lectures attend in each subjects.
 1. Medical surgical Nursing - I
(Including Pharmacology)
 2. Medical surgical Nursing - II
(Specialties)
 3. Mental Health & Psy. Nursing
 4. Computer Education

4. Details of previous Examinations(s)

Name of Examination	Year	Roll No.	Result	Marks	Remarks
GNM First Year					

5. Subject offered for Main Examination:-

Papers	Remarks
MEDICAL SURGICAL NURSING - I	
MEDICAL SURGICAL NURSING - II	
MENTAL HEALTH & PSY NURSING	
PRACTICAL-I (MEDICAL SURGICAL NURSING)	
PRACTICAL-II (PSYCHIATRIC 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 regulation, in my opinion his/her education, character, conduct & training to perform the duties of a nurse. His/Her age on the month of examination Will be to the best of my information & beliefYear.....Month.....Day.

I further Certify that he/she attended at least 75% of the lectures & demonstration.

Date:

Signature & Seal of 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 Mark-sheet/Certificate |b| GNM First Year/Second Year Supplementary Mark-sheet (if any).