



# RAJASTHAN NURSING COUNCIL JAIPUR

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

(FORM III)

**Third 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  
Nursing  
Superintendent

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 **THIRD YEAR** examination for General Nursing Midwifery Course.

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

Dated.....

Yours Obediently,

### PARTICULARS TO BE FILLED IN BY THE CANDIDATE

1. Age & Date of Birth :-..... Years (DD)...../ (MM)...../ (YY).....

2. Current Address :-.....

3. Permanent Address :-.....

4. Date of passing the previous examination [with Roll No.] :-.....

5. Language in which the candidate wishes to be examined **Hindi**  **English**

6. Date of admission to the Institution :-.....

7. Record of leave taken with kind of leave & Date :-SL.....VL.....Others..... Total.....

8. Period of Training with No. of Lectures attend in each subjects.

1. Midwifery

2. Community Health Nursing - II

3. Pediatric Nursing

9. Details of previous Examinations(s)

Name of Examination	Year	Roll No.	Result	Marks	Remarks
12 <sup>th</sup> .....					
GNM First Year					
GNM Second Year					

10. Subject offered for Main Examination:-

Papers	Remarks
MIDWIFERY	
COMMUNITY HEALTH NURSING - II	
PAEDIATRIC 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 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 & belief .....Year.....Month.....Day.

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

Date:

**Signature & Seal of the  
Head of the 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| 10<sup>th</sup> & 12<sup>th</sup> Mark-sheet /Certificate |b| GNM First Year/Second Year/Third Year Supplementary Mark-sheet (if any).