



RAJASTHAN NURSING COUNCIL JAIPUR

B-39, Sardar Patel Marg, C- Scheme, Jaipur, Ph- 0141-2222923, Fax:- 2222099

क्रमांक: आर.एन.सी/परीक्षा/2017/ 4153


दिनांक:- 31/1/18

समस्त,
प्रधानाचार्य,
राजकीय/निजी जी.एन.एम. ट्रेनिंग सेन्टर,
राजस्थान।

विषय:- जी.एन.एम. द्वितीय वर्ष (न्यू सलेबस) मुख्य परीक्षा हेतु परीक्षा फार्म भिजवाने बाबत।

उपरोक्त विषयान्तर्गत लेख है कि जी.एन.एम. द्वितीय वर्ष (न्यू सलेबस-तीन वर्ष) मुख्य परीक्षा आयोजित की जानी है, अतः उक्त परीक्षा में बैठने योग्य प्रशिक्षणार्थियों के परीक्षा फार्म राजस्थान नर्सिंग कौंसिल, जयपुर में दिनांक 15.01.2018 (सोमवार) तक भिजवाया जाना सुनिश्चित करावें। उक्त तिथि के पश्चात् परीक्षा फार्म किसी भी स्थिति में स्वीकार नहीं किये जावेंगे। फार्म भिजवाने से पूर्व सुनिश्चित करलें, कि जी.एन.एम. द्वितीय वर्ष (न्यू सलेबस-तीन वर्ष) मुख्य परीक्षा के ही परीक्षा फार्म कौंसिल को भिजवायें जावें। इसके अतिरिक्त अन्य परीक्षा फार्म स्वीकार्य नहीं होंगे। परीक्षा फार्म निर्धारित तिथि तक प्राप्त नहीं होने पर समस्त जिम्मेदारी संस्था की होगी।

पत्र को सर्वोच्च प्राथमिकता प्रदान करावें।


(गोविन्द प्रसाद शर्मा)
रजिस्ट्रार
राजस्थान नर्सिंग कौंसिल
जयपुर।



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
 2. Medical surgical Nursing - II
 3. Mental Health Nursing
 4. Child Health Nursing

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 NURSING	
CHILD HEALTH NURSING	
PRACTICAL-I (MEDICAL SURGICAL NURSING)	
PRACTICAL-II (CHILD HEALTH NURSING)	
PRACTICAL-III (MENTAL HEALTH 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 80% 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).