



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 3 Year 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's 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 **FIRST YEAR Examination** for General Nursing Midwifery 3 Year 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 :-VL.....Others..... Total.....
3. Period of Training with No. of Lectures attend in each subjects.

Subject	Total no. of Lectures	No. of Lectures Attended	Percentage of Lectures Attended
1. BIO SCIENCES Anatomy & Physiology Microbiology			
2. BEHAVIORAL SCIENCES Psychology Sociology			
3. FOUNDATION OF NURSING Fundamental of Nursing First Aid			
4. COMMUNITY HEALTH NURSING Community Health Nursing -I Environmental Hygiene Health Education & Communication Skills Nutrition			
5. ENGLISH			
6. COMPUTER EDUCATION			

4. Details of previous Examination(s)

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

5. Subject offered for the Examination:-

Papers	Remarks
1101 - Theory - Bio Sciences	<input type="checkbox"/>
1102 - Theory - Behavioural Science	<input type="checkbox"/>
1103 - Theory - Foundation of Nursing	<input type="checkbox"/>
1104 - Theory - Community Health Nursing - I	<input type="checkbox"/>
1105 - Practical - Fundamental of Nursing	<input type="checkbox"/>
1106 - Theory - English	<input type="checkbox"/>
1107 - Theory - Computer Education	<input type="checkbox"/>

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

Signature of Coordinator / Nursing Tutor

Seal & 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 80% of the lectures and demonstrations.

Date:

Seal & Signature of the Principal

NOTE:-

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 must be sent who are eligible.
2. Please attach |a| 10th & 12th Mark-sheet /Certificate |b| GNMI Year Exam Mark-sheet(s) (if any).
3. Please attach a copy of admission allotment letter issued by the authority.