

JHARKHAND NURSES REGISTRATION COUNCIL RANCHI



Affix Passport Size
Photograph
in proper uniform
attested by incharge
School of Nursing

EXAMINATION APPLICATION FORM FOR

1st Year GNM

2nd Year GNM

3rd Year GNM

1st Year ANM

2nd Year ANM

I request permission to present myself at the ensuing
Examination to be held in the month of year by the Jharkhand Nurses Registration Council,
and I declare that the information given below is correct.

Name in Block Letters :
(as per matriculation certificate)

Father's Name in block Letters :
(as per matriculation certificate)

Mother's Name in block Letters :
(as per matriculation certificate)

Aadhar No. :

Date of Birth : Days Month Year Age :

Marital Status Caste Nationality

Married Unmarried Widow Divorced

Permanent Address :

..... P.O. Police Station District

Name of Training School :

EDUCATIONAL QUALIFICATIONS

Sl. No.	Name of Board/University	Year of Passing	Roll No.	Total Marks Obtained	Name of the School / College
1.					
2.					
3.					
4.					

I WISH TO BE EXAMINED IN THE FOLLOWING SUBJECTS:

A.		D.	
B.		E.	
C.		F.	

I wish to be examined in English / Hindi Language

FOR RE-SITTER CANDIDATES

I sat times, the last examination I sat for was in the month of year from
..... Training School, under Roll No.

I have attended Coaching Classes in Failed Subject (s) as well as Clinical Experience as required by the
INDIAN NURSING COUNCIL, Syllabus.

I have passed First year / Second Year ANM / GNM Examination conducted by Jharkhand Nurses Registration
Council from School of Nursing in the month of

with Roll No.

I wish to be examined in English / Hindi Language

Date

Signature of Candidate

ENDORSEMENT BY SCHOOL OF NURSING

I consider Miss/ Mrs./ Sr.
Year Student is suitable for appearing in ensuing examination to be held in the month of Year
..... conducted by Jharkhand Nursing Registration Council.

Her work/Clinical work is satisfactory.

Her conduct is

Date of joining at P.T.S 2nd Year 3rd Year Total leave availed in

1st Yr. 2nd Yr. 3rd Yr.

We certify that she has put in year month and
days training exclusive of leave and has attended 75% Lectures / Clinical in each subject and field / Clinical
experience and that she is "Eligible" to appear at the examination as per terms and condition laid down by
INDIAN NURSING COUNCIL Syllabus.

SHE HAS ATTENDED THE UNDERMENTIONED NUMBER OF LECTURES

	SUBJECT	NUMBER OF LECTURES		
		DELIVERED	ATTENDED	PERCENTAGE
A.				
B.				
C.				
D.				
E.				
F.				

Signature of Principal/
Tutor Incharge
School of Nursing

Signature of Nursing
Superintendent

Signature of Director/
Superintendent

(SEAL)

(SEAL)

(SEAL)

- N. B.
- a) Internal Assessment Marks submitted in separate envelope under sealed cover duly signed by the Incharge, School of Nursing and Superintendent.
 - b) If the details submitted above with reference to personal data, clinical and theoretical training are found incorrect or the academic certificate found false on verification the examinee will be disqualified from appearing in the examination even after the issue of the Admit card or examination will be cancelled if anything detected false