ADMIT CARD

ANNUAL EXAMINATION
OF
GENERAL NURSING & MIDWIFERY
1st Year, 2nd Year, 3rd Year

Miss: ___________________ D/o: ___________________

Admit appear in Annual/Supplementary Examination of General Nursing
and Midwifery to be held at Examination Centre: ___________________

Registrar
H.P. Nurses Registration
Council

Specimen Signature of Candidate
HIMACHAL PRADESH NURSES REGISTRATION COUNCIL, SHIMLA-171001.

EXAMINATION FORM

Roll No.________________
Year (1st, 2nd, 3rd)________

To
The Registrar,
Himachal Pradesh Nurses Registration Council,
Shimla-1.

Sir/Madam,

I request permission to present myself at the ensuing ____________ Annual/Supplementary Examination for General Nursing Training conducted by the Himachal Pradesh Nurses Registration Council in ____________ and I declare that the information given below is correct. I am sending herewith the examination fee of Rs.__________ (600 for 1st, 700 for 2nd & 850 for 3rd Year.)

Name in Full (In Block Letters)_________________ Father's Name_________________

Sex: ____________________ Status S.M. or W____________ Age:________

Date of Birth as per Matriculation Certificate ____________ Date of admission in the School of Nursing ____________ Leave taken: ____________ days.

Permanent Address:________________________________________

I Passed the Matriculation /10+2 Examination or ______________ I enclose an attested copy of the certificate.

Date:_________________

ENDORSEMENT BY THE SCHOOL/HOSPITAL

We certify that _______________ has completed the course of study to make her/eligible to appear in the General Nursing Examination. She joined in _______________ and completed her training for _______________ Examination on _______________. She bears a good moral character. The above particulars given by candidates are correct.

Signature of the Candidate.

C.M.O./B.M.O./Med. Superintendent
Director of Training Institute/Nursing School with Seal

Principal of Training
Institute/Nursing School with Seal.

(To be filled in by the candidate who is to re-appear in the examination)

Details of the all previous FAILURES are given below:

Months and years in which appeared previously and failed in the subject(s) with Roll No.
1. _______________ Roll No. _______________ Subject(s) _______________
2. _______________ Roll No. _______________ Subject(s) _______________
3. _______________ Roll No. _______________ Subject(s) _______________
4. _______________ Roll No. _______________ Subject(s) _______________

I am to appear in the subject(s) of _______________________________________.

Signature of the candidate

Since her last appearance the candidate has received further training and instruction in the subjects above stated or our satisfaction.

C.M.O./B.M.O./Med. Superintendent
Director of Training Institute/Nursing School with Seal

Principal of Training
Institute/Nursing School with Seal.
5. If the students are fail in theory/Practical subjects, they have to appear in both theory as well as practical subject.

6. Those students who were Absent during last examination which was conducted by this office and are appearing in annual/Supplementary examination tentatively March 2020, kindly submit the reason, authentic proof on which ground they could not appear/why they were absent in the last examination, thereafter they will be considered to sit in the examination.

7. The students who got supplie in one theory/practical paper or fail in two or more theory/practical paper in GNM 1st year they will be allowed to sit in GNM 2nd year for study and examination.

8. The students who got supplie or fail in two or more papers in GNM 2nd year they will not be allowed to sit in GNM 3rd year examination. They will be sit only in GNM 2nd year supplie or fail subject.

9. Only the students can sit in GNM 3rd year annual examination, which have cleared their previous examination i.e. GNM 1st year and GNM 2nd year.

This is for your kind information and necessary action at your end please.

Registrar,
H.P. Nurses Registration Council,
Shimla, H.P.
HIMACHAL PRADESH NURSES REGISTRATION COUNCIL, SHIMLA-171001.

EXAMINATION FORM

Roll No. __________________ Year (1st/ 2nd.) __________

To

The Registrar,
Himachal Pradesh Nurses Registration Council,
Shimla-1.

Sir/Madam,

I request permission to present myself at the ensuing ___________ Annual/Supplementary Examination for
Auxiliary Nurse Midwife Training conducted by the Himachal Pradesh Nurses Registration Council in ___________ and I declare that the information given below is correct. I am sending herewith the examination fee of Rs. ___________ (ANM 1st year 500/- & 2nd year 600/-).

Name in Full (In Block Letters) ___________________________ Father’s Name ___________________________

Sex: ___________________ Status: S.M. or W ___________ Age ________

Date of Birth as per Matriculation Certificate __________________________ Date of admission in the School of
Nursing ______________________ Leave taken: ___________ days.

Permanent Address: __________________________

I Passed the Matriculation /10+2 Examination or __________________________ I enclose an attested copy of the certificate.

Date: ___________ Signature of the Candidate.

ENDORSEMENT BY THE SCHOOL/HOSPITAL

We certify that ___________ has completed the course of study to make her eligible to appear in
the Auxiliary Nurse & Midwife Examination. She joined in ___________ and completed her training for ___________ Examination on ___________. She bears a good moral character. The above particulars given by candidates are correct.

Counter Signature

C.M.O./B.M.O./Med. Superintendent
Director of Training Institute/Nursing School with Seal

Principal of Training
Institute/Nursing School with Seal.

(To be filled in by the candidate who is to re-appear in the examination)

Details of the all previous FAILURES are given below:
Months and years in which appeared previously and failed in the subject(s) with Roll No.

Paper-I/Paper-II/Paper-III/Paper-IV Roll No. ___________ Subject ___________

I am to appear in the subject(s) of ___________.

Signature of the candidate

C.M.O./B.M.O./Med. Superintendent
Director of Training Institute/Nursing School with Seal

Principal of Training
Institute/Nursing School with Seal.

Put Here __________________________________________________________

ADMIT /ROLL NO. CARD FOR ANM 1st Year/ 2nd Year.

ANNUAL / SUPPLEMENTARY EXAMINATION OF
AUXILIARY NURSE & MIDWIFE

Ms./Mrs. _______________ D/O. Sh. _______________

Admit appear in Annual/Supplementary Examination of Auxiliary Nurse & Midwife to be held at
Examination Centre:- _______________

Specimen Signature of Candidate

Registrar
H.P. Nurses Registration Council,
Shimla-1.
OFFICE OF THE REGISTRAR, H.P. NURSES REGISTRATION COUNCIL, PRIYADARSHINI APARTMENT, BOTH VILLA LODGE, NEAR GOVT. DENTAL COLLEGE BUILDING, IGMC, SANJAUUR ROAD, SHIMLA-1.
F.No. 8(b) Exam/Vol.II/HPNRC/2005 Dated Shimla-1 the: - 11th March 2020

It is inform to all the Principal of Govt. and Private Nursing Institutions are running in the state of H.P. that the Supplementary examinations of ANM & GNM students are commencing in the month of March 2020 onwards. Therefore you are requested, to download the examination forms from the HPNRC website i.e. www.hpnrcshimla.org. Which may kindly be returned to this office duly filled by the students countersigned /verified by the Principal, Director/Chairperson/C.M.O./Medical Superintendent of the concerned school/colleges on or before 11th March 2020 positively. Attach the following documents with the examination form:-

1. **Attested** copy of 10th, 10+2 for 1st year. 10th, 10+2, GNM 1st year for GNM 2nd year & 10th, 10+2, GNM 1st, 2nd for GNM 3rd year students.

2. **Attested** two copies of stamp size photograph, one to be attached with examination form and one to be **paste on the admit card** (do Not Stapler) attached with the form. Photograph of the students is acceptable only in **School & College Uniform. No Colorful/Goggled Photographs will be acceptable, otherwise form will be rejected.**

3. The admit card should be duly filled by the candidate except Roll No. & Examination Centre, which has to be issued by the HPNRC office.

4. Consolidated examination fee of all students (Year-Wise) in the shape of Bank Draft (made only from State Bank of India, otherwise examination forms will be rejected) in favour of “The Registrar, H.P. Nurses Registration Council, Shimla, Payable at IGMC Shimla, amounting to Rs. 600/- (Rupees Six Hundred Only) for GNM 1st year, Rs. 700/- (Rupees Seven Hundred Only) for GNM 2nd year, and Rs. 850/- (Rupees Eight Hundred Fifty Only) for GNM 3rd year, from each students. **Rupees 500/- (Rupees Five Hundred Only) for ANM 1st year and Rs. 600/- (Rupees Six Hundred Only) for ANM 2nd year.**

The school authority is requested to submit the examination forms duly filled with admit card and aforementioned documents to this office on or **before 20th March 2020** positively to avoid for the delay of examination. In case, of failure responsibilities are lying on you. Moreover, you are requested to send the Internal Assessment of the students who are going to appear in the forthcoming examination. Therefore, Principal/Teaching Faculty are requested to go through the below mentioned instruction and instruct the students strictly to follow the same:

**Note:-**

1. No institution shall submit student average internal marks more than 75% i.e., if 40 students are admitted in a course than the average score of the 40 students shall not exceed 75%.

2. Instruct the student's attempts all parts of same question at one place and in sequence only, otherwise marks will not be awarded.

3. No marks will be awarded if any correction/scratch/use of whitenner/ Pencils is made in objective ans. (That is Part B).

4. The candidate must be passed both in Internal and External examination in each subject separately. If one is fail in external examination and passed in internal assessment the candidate will be considered as fail student in that particular subject.

P.T.O.