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.) __________

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 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.

Cut 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:-

______________________________

Registrar

H.P. Nurses Registration Council,
Shimla-1.

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

EXAMINATION FORM

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:

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.