

ADMIT CARD

Roll No.: _____

**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: _____

Specimen Signature of Candidate

Registrar
H.P. Nurses Registration
Council

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 here 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 SealPrincipal 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 SealPrincipal of Training
Institute/Nursing School with Seal.

Cut Here

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

(For Office use only)

ROLL NO. _____

ANNUAL / SUPPLEMENTARY EXAMINATION
Of
AUXILIARY NURSE & MIDWIFEPaste Photo
here,
Do not
StapleMs./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.

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: _____

Signature of the Candidate.

ENDORSEMENT BY THE SCHOOL/HOSPITAL

We certify that _____ has completed the course of study to make here 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.

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.

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.