

NAME OF THE TRAINING SCHOOL

ROLL NO
FOR COUNCIL USE

(FOR NTC)

WEST BENGAL NURSING COUNCIL

Serial No **2235** **FORM A**
Auxiliary Nursing-Midwifery (Revised) Course [1½ Years]
FIRST EXAMINATION **Rs.30/-**
 (This application must reach the Registrar, West Bengal Nursing Council)
APPLICATION

To
 The Registrar,
 West Bengal Nursing Council,
 Kolkata - 700 001
 Sir/Madam,

I request permission to present myself at the ensuing First Examination to be held fromfor the Auxiliary Nursing-Midwifery (R) Course.
 The fees of Rs.(including Mark Sheet fees) is forwarded herewith.

The..... Yours obediently
 Signature (Name in full no block letters)
 Student Regn. No

CERTIFICATE

I certify thathas fulfilled the requirements contemplated under the prescribed regulations.
 I further certify that his/her general conduct while under training has been satisfactory
 I also certify that he/she has attended at least 75 percent of the lectures and has acquired minimum clinical experience and that his / her work has been satisfactory.

Date..... Signature of the Head of the Institution

Particulars of the student to be filled in by the Head of the Institution

- Name in full (Block Letters) :
- Age :
- a) Nationality : b) Religion.
- Date of admission of the Institution :
- Student Registration No. :
- Date of passing the Preliminary Examination :
- The language in which the candidate wished to be examined :
- Period of training : From..... To.....
- Educational Qualification :
- Whether appeared in the examination previously : if yes
 - Subject in which she passed (i)
(ii)
(iii)
 - Subject in which she appearing (i)
(ii)
(iii)

Signature in Sister Tutor of the Institution
 Signature of the Head of the Institution with official seal

WEST BENGAL NURSING COUNCIL

First Auxiliary Nursing-Midwifery (Revised) Course (One and half years)

ADMIT

Serial No. **2235** (To be filled by the Candidate)

2235



ROLL NO
FOR COUNCIL USE

AS PER N R H M LIST
 Name in full (Block Letters).....
 Father's Name.....
 Name of the Training School.....
 Student Regn. No.....

(The following to be filled by the Council)

The theory part of the above Examination to be held from.....20.....
 Subject or Subjects :
 Community Health Nursing Paper-I
 Health Promotion Paper-II
 Primary Health Care Nursing--Paper-III
 Practical-I (i) Community Health Nursing & Health Promotion
 (ii) Child Health Nursing