

NAME OF THE TRAINING SCHOOL

ROLL NO
FOR COUNCIL USE

(FOR NTC)

WEST BENGAL NURSING COUNCIL

Serial No.

2671
FORM B
Auxiliary Nursing-Midwifery (Revised) Course [1½ Years]

FINAL 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 from..... for the Auxiliary Nursing-Midwifery (R) Course.

The fees of Rs. (including Mark Sheet fees) is forwarded herewith.

Yours obediently

The.....

Signature (Name in full no block letters)

Student Regn. No

CERTIFICATE

I certify that..... has 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

1. Name in full (Block Letters) :
2. Age :
3. a) Nationality : b) Religion :
4. Date of admission of the Institution :
5. Student Registration No. :
6. Date of passing the Preliminary Examination :
7. The language in which the candidate wished to be examined :
8. Period of training : From To.....
9. Educational Qualification :
10. Date of Passing First ANM (R) Examination :
11. No. of Vaginal Examination made :
12. No. of Labour personally conducted :
13. No. of Labour at which she was present :
14. No. of weeks of Community Health Nursing experience :
15. Whether appeared in the examination previously : if yes
 - a) Subject in which she passed (i)
 - (ii)
 - (iii)
 - a) Subject in which she appearing (i)
 - (ii)
 - (iii)

Signature in Sister Tutor of the Institution

Practical - I)
II)

Signature of the Head of the Institution with official seal

The.....

WEST BENGAL NURSING COUNCIL

Final Auxillary Nursing-Midwifery (Revised) Course (One and half years)

ADMIT

(To be filled by the Candidate)

Serial No.

2671



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 :

- Child Health Nursing - Paper - IV
- Midwifery - Paper-V
- Health Centre Management - Paper-VI
- Practical-I (i) Midwifery
- (ii) Primary Health Care Nursing and Health Centre Management.

Registrar

West Bengal Nursing Council

Kolkata.....20.....