

E-mail ID of NTC (Mandatory).....

Session of Admission.....20

Serial No.

ADDRESS SEAL WITH NAME OF INSTITUTION	ROLL NO
(FOR N.T.C.)	(FOR COUNCIL USE)

Rs. 30/-

ADMISSION MONTH & YEAR
.....20



1st YEAR	
Fresh	Re-ait
<input type="checkbox"/>	<input type="checkbox"/>

Tick the appropriate Box

WEST BENGAL NURSING COUNCIL
(www.wbnursingcouncil.org)

**APPLICATION FORM FOR
FIRST YEAR EXAMINATION**

GENERAL NURSING-MIDWIFERY EXAMINATION,20
[Application should be filled up by the Candidate only]

To
The Registrar
West Bengal Nursing Council
Purta Bhavan, Salt Lake, Kolkata

Madam,

I request permission to present myself at the ensuing **FIRST YEAR** Examination for the General Nursing-Midwifery Course in the subject or subjects noted below.

The prescribed **Examination Fees**** of Rs. 400/- and Mark-Sheet Fees of Rs. 100/- Total Rs. 500/- is forwarded herewith.

Yours obediently

**Examination Fees subject to be changed

(Signature in full)
Student Registration No.

CERTIFICATE

(To be filled in by the Nursing Class Co-Ordinator & Head of the Institution)

I certify that..... has fulfilled the requirements contemplated under the prescribed regulations.

Further certify that he/she is trustworthy and of good moral character and his/her general conduct while under training has been satisfactory. I further certify that he/she has attended at least 80% of the Theory and Practical in each subject and that his/her Work in the Ward has been satisfactory.

Signature of Course Co-Ordinator
(Office Seal of the Institution)

Date:

Signature of the PNO / Principal/
Vice-Principal/ Sr.Sister Tutor in-charge
(Office Seal of the Institution)

Date:

[Please Turn Over]

PARTICULARS TO BE FILLED UP BY THE CANDIDATE

- 1] Name of Candidate (in BLOCK LETTERS).....
(As per Student Registration)
- 2] Father's /Mother's Name
(As per Student Registration)
- 3] Age..... Date of Birth.....
- 4] Nationality..... Religion..... SEX.....
- 5] Student Registration Number
- 6] Name of the Training School
- 7] Date of the Admission in the Training School.....
- 8] Appearing Examination in the Month & Year
- 9] I am appearing at the ensuing First Year GNM Examination -
First Time / Second Time / Third Time / Fourth Time [Tick ✓ Mark]

PARTICULARS TO BE FILLED UP BY THE HEAD OF THE INSTITUTION

- 10] LEAVE TAKEN¹ during the Year:
a) Annual Leave: (b) Sick Leave
- c) Extra..... (Attached Leave Statement with permission of the Council)
- 11] Mention the Date of similar examination previously appeared.....
(As Per Result Declaration Date)
- 12] SUBJECTS APPEARING: FRESH RE-SIT
[Place below Tick ✓ Mark in the box accordingly]

- | | | |
|---------------|--------------------------|--|
| PAPER - I | <input type="checkbox"/> | BIO SCIENCE |
| PAPER - II | <input type="checkbox"/> | BEHAVIOURAL SCIENCES |
| PAPER - III | <input type="checkbox"/> | FUNDAMENTALS OF NURSING (Old Syllabus) |
| | <input type="checkbox"/> | FOUNDATION OF NURSING (New Syllabus) |
| PAPER - IV | <input type="checkbox"/> | COMMUNITY HEALTH NURSING - I |
| PRACTICAL - I | <input type="checkbox"/> | FUNDAMENTALS OF NURSING |

**Enclosures
Required**

- | |
|--|
| 1. Attach Xerox Copy of 1st year GNM Marks Sheet (applicable to failed candidates only)
2. Filling all the required information is mandatory. Otherwise the application is liable for rejection |
|--|

Signature of Course Co-Ordinator
(Office Seal of the Institution)

Signature of the PNO / Principal/
Vice-Principal/Sr.Sister Tutor in-charge
(Office Seal of the Institution)

Date:

Date: