

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
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2 <sup>nd</sup> YEAR	
Fresh	Re-sit

Tick the appropriate Box

**WEST BENGAL NURSING COUNCIL**

(www.wbnursingcouncil.org)

**APPLICATION FORM FOR  
SECOND 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 **SECOND 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 filed 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] Date of Passing the First Year Examination.....  
*(As Per Result Declaration Date)*
- 10] I am appearing at the ensuing Second Year GNM Examination -  
First Time / Second Time / Third Time / Fourth Time [ Tick ✓ Mark]

**PARTICULARS TO BE FILLED UP BY THE HEAD OF THE INSTITUTION**

- 11] LEAVE TAKEN during the Year:  
a) Annual Leave: ..... (b) Sick Leave: .....  
c) Extra..... (Attached Leave Statement with permission of the Council)
- 12] Number of operation in which scrubbed up - Major  Minor
- 13] Mention the Date of similar examination previously appeared.....  
*(As Per Result Declaration Date)*

- 13] SUBJECTS APPEARING: FRESH  RE-SIT

[Place below Tick ✓ Mark in the box accordingly]

**OLD SYLLABUS**

**NEW SYLLABUS**

- |  |   |
|--|---|
| <input type="checkbox"/> PAPER - I: MEDICAL-SURGICAL NURSING - I                                   | <input type="checkbox"/> PAPER - I: MEDICAL-SURGICAL NURSING - I                                    |
| <input type="checkbox"/> PAPER - II: MEDICAL-SURGICAL NURSING - II                                 | <input type="checkbox"/> PAPER - II: MEDICAL-SURGICAL NURSING - II                                  |
| <input type="checkbox"/> PAPER - III: MENTAL HEALTH & PSYCHIATRIC NG.                              | <input type="checkbox"/> PAPER - III: MENTAL HEALTH NURSING   |
| <input type="checkbox"/> PRACTICAL - I: MEDICAL-SURGICAL NURSING                                   | <input type="checkbox"/> PAPER - IV: CHILD HEALTH NURSING   |
| <input type="checkbox"/> PRACTICAL - II: MENTAL HEALTH NURSING<br><i>(Only School Examination)</i> | <input type="checkbox"/> PRACTICAL - I: MEDICAL-SURGICAL NURSING                                    |
|  | <input type="checkbox"/> PRACTICAL - II: CHILD HEALTH NURSING                                       |
|  | <input type="checkbox"/> PRACTICAL - III: MENTAL HEALTH NURSING<br><i>(Only School Examination)</i> |

Enclosures  
Required

1. Attach Xerox Copy of 2nd 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: .....