

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



**FINAL YEAR**

Fresh	Re-sit

Tick the appropriate Box

**WEST BENGAL NURSING COUNCIL**

(www.wbnursingcouncil.org)

**APPLICATION FORM FOR  
FINAL 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 **FINAL 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 Final 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) 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: MIDWIFERY AND GYNAECOLOGY       | <input type="checkbox"/> PAPER - 1: MIDWIFERY AND GYNAECOLOGICAL NG |
| <input type="checkbox"/> PAPER - II: PAEDIATRIC NURSING             | <input type="checkbox"/> PAPER - II: COMMUNITY HEALTH NURSING -II   |
| <input type="checkbox"/> PAPER - III: COMMUNITY HEALTH NURSING - II | <input type="checkbox"/> PRACTICAL - 1: MIDWIFERY                   |
| <input type="checkbox"/> PRACTICAL - I: MIDWIFERY                   | <input type="checkbox"/> PRACTICAL - II: COMMUNITY HEALTH NG - II   |
| <input type="checkbox"/> PRACTICAL - II: PAEDIATRIC NURSING         |   |
| <input type="checkbox"/> PRACTICAL - III: COMMUNITY HEALTH NG - II  |   |

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: .....