

APPLICATION FOR THE GRANT OF PERMISSION TO APPEAR IN THE EXAMINATION FOR GNM/MPHW (F) TO BE CONDUCTED BY THE PUNJAB NURSES REGISTRATION COUNCIL IN MARCH/SEPTEMBER, 20__

Roll No. _____

The Student should clearly mention the _____ name of class in which she has to appear in the examination GNM/MPHW (F)

Affix passport size photo duly attested by the Principal

To be filled in by the applicant in CAPITAL letters :

1. Name (According to Matric Certificate)
2. Father's Name " " "
3. Date of Birth " " "
4. Academic Qualification with % age
5. Name of Institution in which getting training
6. Date of admission in the school
7. Examination passed with
- (I.) GNM (Ist Year/IIInd Year/IIIrd Year) and Passing Year
- (II.) For MPH (Female)
8. Schedule Caste/Schedule Tribe Certificate
9. Roll No. First Year For IIInd Year Candidate & Roll No. IIInd Year..... For IIIrd Year Candidate.

Attach Photostat Attested Copies :

I. General Nursing Midwifery Candidate :

A. First Year

1. Matric Certificate
2. Detail Marks of 10+2

B. Second Year

1. Matric Certificate
2. DMC 10+2
3. First year pass or re-appear detail marks only

C. Third Year

1. Matric Certificate
2. DMC 10+2
3. First yr & Second year Pass detail marks

II. MPH (F) Candidate

1. Matric Certificate and Matric Detail Marks

III. Re-appear Candidate

1. Detail Marks in which class failed
2. Class.....Roll No.....Month & Year in which appeared.....
3. Fail in subject : 1. 2. 3.

Date

Signature of Candidate.....

To be filled in by the Training School :

Certificate that Mr./MissS/o, D/o Sh. has completed the full course of training as required under the syllabus and Regulation and consider her eligible to appear in examination. The particulars given by the candidate are correct. She bears a good moral character.

Note : She / He has completed her / his clinical training and her / his attendance for the theory classes, is as per INC norms. please tick (YES/ NO)

Date

**(Principal Tutor)
(Office Stamp)**

- Note:**
1. The School of Nursing must carefully check all the entries made by the candidate according to the record available with them.
 2. Incomplete application forms in any respect will not be accepted by this office after the deadline date.

Important Note : Any candidate found using unfair means while appearing in the examination (Like mobiles, Pager, Note or any other means) will be dealt with strictly, such candidates will be charged with U.M.C.

**By Order
Registrar, PNRC**

Examination Supdt.

No.

ENROLMENT NO. _____

ROLL NO. _____

Name

S/o, D/o

Name of Institution

Examination : GNM/MPHW (F)

Month & Year

Class



Affix Passport
Size Photo

Subject :	<u>GNM I Year</u>	<u>GNM II Year</u>	<u>GNM III Year</u>	<u>MPHW (F)</u>
	1.	1.	1.	1.
	2.	2.	2.	2.
	3.	3.		3.

Name

Roll No.

Signature

Date

1.

Certify

2.

3.

Examination Supdt.

Seal

Certified that above mentioned particulars of the candidate appearing in the March/September 20..... examination is true and up to my satisfaction.

Signature

ENROLMENT NO. _____

ROLL NO. _____

No.

PUNJAB NURSES REGISTRATION COUNCIL

Class..... Roll No.

Miss/Mr.

D/o S/o Sh. is allowed to appear in the examination to be conducted by this council in the month of March/September, 20.....

Her Roll Number is stated above.

His/Her Theory examination will be conducted at

and Practical examination at

on the Dates already sent to His/Her school of Nursing.



Affix Passport
Size Photo

Signature of Student

**Registrar
Punjab Nurses Registration Council
Chandigarh**