

**APPLICATION FOR EXAMINATIONS FOR DIPLOMA IN GENERAL NURSING & MIDWIFERY**  
**(Incomplete Applications will be rejected)**

**1. Name of the Candidate in BLOCK LETTERS :**  
 (As entered in the Higher Secondary certificate)

**(a) Expansion of Initials :**

**2. Sex :**

**3. Date of Birth :**

**4. Month & Year of Admission :**

**5. Year of Training :**

**6. Subjects In Which Already Appeared**



S.No	Year (I/II/III)	Subjects In which already appeared	H.T No	Session	No of attempts	Result
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

**7. Subjects in which appearing now**

<b>S.No</b>	<b>Year(I/II/III)</b>	<b>Appearing Subjects</b>	<b>No of attempts</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**8. Exam fees particulars:**

- |                 |       |        |
|-----------------|-------|--------|
| i. CHALLAN NO:  | DATE: | AMOUNT |
| ii. CHALLAN NO: | DATE: | AMOUNT |

**DECLARATION BY THE CANDIDATE**

- 1.I declare that the particulars mentioned above are true
- 2.I agree to abide by the rules and regulations of the Board as framed from time to time.

**Date:**

**Signature of the Candidate**

**CERTIFICATE BY THE HEAD OF THE INSTITUTION**

1. This is certify that Ms. /Mr. .... has completed 75% of the total formal instructions given at each subject and 75% of field experience separately during the year.
2. Her/ His record of practical experience is up to date.
3. Her/ His conduct and character during the period of training has been .....

**The above mentioned details are certified to be true after verification with the relevant documents and I hereby forward the candidate for examination.**

**Place:**

**Date:**

**Signature of the Principal with Seal**