

## **DELHI NURSING COUNCIL**

## LOK NAYAK HOSPITAL, NEW DELHI-110002 **EXAMINATION FORM FOR THE ANNUAL/SUPPLEMENTARY I/II FOR THE YEAR ( 20....-20.....)**

Roll No				3cm X 3cm Frontal View photograph attested by Principal	
To be	e filled b	by the applicant in capital letters:-			
1.	Name	e (According to the Matric Certificate)			
2.	Fathe	r's Name (According to the Matric Certificate)			
3.	Date	Date of Birth (According to the Matric Certificate)			
4.	Academic Qualification				
5.	Name of Institution in which getting training				
6.	Date of admission to the school				
7.	Previo	Previous Examination passed			
Attac I.		ttested photocopies:- I Candidate:-			
A.	First Year		B. Second Year (Annual)		
1.	Matric Certificate		First Year Mark Sheet		
2.	10+2 mark sheet & certificate				
II.	Re-ap	Re-appear Candidate:-			
1.	Deta	il Marks of the re-appeared subject(s) i)	i(s) i) ii)		
2.	Year	Year Roll No Month & Year in which appeared (last)			
III.	Applied for subject of re-appear :-				
	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		
	i)		v)		
	ii)		vi)		
	iii)				
	iv)				
			Signature of the candidate	·	

**Note**: The School of Nursing must carefully check all the entries made by the candidate according to the record available with them. Attach three photographs for **first year** and two photographs for second year students. Affix two photographs attested by the principal. One on the form and the other attach with clip. Affix **one unattested** photograph on **Roll No**. For Registrar's attestation