

Sr. No.

DELHI NURSING COUNCIL

LOK NAYAK HOSPITAL, NEW DELHI-110002

EXAMINATION FORM FOR THE ANNUAL | SUPPLEMENTARY IIII FOR THE YEAR (200..... - 200)

Roll No (To be assigned by the council) The Student should clearly mention the Name of class in which she/he has to					3cm x 3cm Photo attested by Principal	
						appear in the examination
To b	e filled by the	ne applica	nt in capital letters :-			
1.	Name (According to the Matric certificate)					
2.	Father's Name (According to the Matric certificate)					
3.	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.	Previous council Examination passed					
Atta I.			wifery Candidate :- (Annual)			
A.	First Year		B. Second Year	C. Third Ye	ar	
1.	Matric Certificate		Copy of First Year Marks Statement	Copy of First Year & Second Yea	r Marks Statement	
2.	Detail Mark	s of 10 + 2				
II.	Number of	Number of attempts already made including the present :				
(i)	Re-appear	Month(s)				
		Roll No.				
		Subjects				
(ii)	Supplementr	y Month(s)				
		Roll No.				
		Subjects				
				Signature of the candida	te	
				Date		

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 **1st year** and **3rd year** (attach two photographs attested by the Principal - affix one on the form and other with the clip), **one unattested** photograph to affix on Roll No. for Registrar's attestation. Attach **two** photographs for **2nd yr** students (one attested and one unattested).

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he syllabus and regulation and consider					
examination. The particulars					
given by the candidate are correct. She / he bears a good moral character.					
(Principal)					
(Office Stamp)					