

DELHI NURSING COUNCIL

LOK NAYAK HOSPITAL, NEW DELHI-110002

EXAMINATION FORM FOR THE ANNUAL/SUPPLEMENTARY I/II



FOR THE YEAR (20.....-20.....)

Photo
attested by
Principal

Sr. No.

Roll No..... (To be assigned by the council)

The Student should clearly mention the

Name of class in which she has to

appear in the examination

To be filled by the applicant 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 Examination passed

Attach Photostat Attested Copies :-

I. ANM Candidate :-

A. First Year

1. Matric Certificate
2. 10+2 certificate with 10+2 mark sheet

B. Second Year

First Year Mark Sheet

II. Re-appear Candidate :-

1. Detail Marks of the reappeared subject(s)
2. Year..... Roll No Month & Year in which appeared (last).....

III. Applied for subject of reappear :-

1st Year..... 2nd Year.....

Signature of the candidate.....
Date

To be filled by the Training School :-

Certified that Miss/Mrs./Mr.....D/o, W/o, S/o, Sh.....

Has completed the full course of training as required under the syllabus and Regulation and consider her eligible to appear in 1st /2nd / Yearexamination. The particulars given by the candidate are correct. She/he bears a good moral character.

Date.....

(Principal)
(Office Stamp)

Note : The School of Nursing must carefully check all the entries made by the candidate according to the recorded 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.