

**HIMACHAL PRADESH NURSES REGISTRATION COUNCIL, SHIMLA-171001.**

**EXAMINATION FORM**

Roll No. \_\_\_\_\_  
Year (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) \_\_\_\_\_

To

The Registrar,  
Himachal Pradesh Nurses Registration Council,  
Shimla-1.

Sir/Madam,

I request permission to present myself at the ensuing \_\_\_\_\_ Annual/Supplementary Examination for General Nursing Training conducted by the Himachal Pradesh Nurses Registration Council in \_\_\_\_\_ and I declare that the information given below is correct. I am sending herewith the examination fee of Rs. \_\_\_\_\_ (**600 for 1<sup>st</sup>, 700 for 2<sup>nd</sup> & 850 for 3<sup>rd</sup> Year.**)

Name in Full (In Block Letters) \_\_\_\_\_ Father's Name \_\_\_\_\_

Sex: \_\_\_\_\_ Status S.M. or W \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth as per Matriculation Certificate \_\_\_\_\_. Date of admission in the School of Nursing \_\_\_\_\_ Leave taken: \_\_\_\_\_ days.

Permanent Address: \_\_\_\_\_

I Passed the Matriculation /10+2 Examination or \_\_\_\_\_ I enclose an attested copy of the certificate.

**Date:** \_\_\_\_\_

**Signature of the Candidate.**

**ENDORSEMENT BY THE SCHOOL/HOSPITAL**

We certify that \_\_\_\_\_ has completed the course of study to make here eligible to appear in the General Nursing Examination. She joined in \_\_\_\_\_ and completed her training for \_\_\_\_\_ Examination on \_\_\_\_\_. She bears a good moral character. The above particulars given by candidates are correct.

**Counter Signature**

**C.M.O./B.M.O./Med. Superintendent  
Director of Training Institute/Nursing School with Seal**

**Principal of Training  
Institute/Nursing School with Seal.**

**(To be filled in by the candidate who is to re-appear in the examination)**

Details of the all previous FAILURES are given below:

Months and years in which appeared previously and failed in the subject(s) with Roll No.

1. \_\_\_\_\_ Roll No. \_\_\_\_\_ Subject(s) \_\_\_\_\_

2. \_\_\_\_\_ Roll No. \_\_\_\_\_ Subject(s) \_\_\_\_\_

3. \_\_\_\_\_ Roll No. \_\_\_\_\_ Subject(s) \_\_\_\_\_

4. \_\_\_\_\_ Roll No. \_\_\_\_\_ Subject(s) \_\_\_\_\_

I am to appear in the subject(s) of \_\_\_\_\_.

Signature of the candidate

Since her last appearance the candidate has received further training and instruction in the subjects above stated or our satisfaction.

**C.M.O./B.M.O./Med. Superintendent**

**Principal of Training**

**Director of Training Institute/Nursing School with Seal**

**Institute/Nursing School with Seal.**

**ADMIT /ROLL NO. CARD**

(for office use only)

**ROLL NO.**\_\_\_\_\_

**ANNUAL / SUPPLEMENTARY EXAMINATION**

**Of**  
**GENERAL NURSING & MIDWIFERY**  
**1<sup>st</sup> Year, 2<sup>nd</sup> Year, 3<sup>rd</sup> Year.**

**Loose  
Photo**

Ms./Mrs. \_\_\_\_\_ D/O. Sh. \_\_\_\_\_

Admit appear in Annual/Supplementary Examination of General Nursing and Midwifery to be held at Examination  
Centre:-\_\_\_\_\_.

**Specimen Signature of Candidate**

**Registrar**  
**H.P. Nurses Registration Council,**  
**Shimla-1.**