ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

No. 243, Pragati Arcade, 3rd Main, 3rd Cross, Chamarajpet, Bangalore-560 018

School Code No :

1st YEAR GNM EXAMINATION APPLICATION FORM FEBRUARY 2012

(CAPITAL LETTERS ONLY)

Affix Latest Uniform Photo Attested by the Principal

NAME OF THE INSTITUTION AND ADDRESS SEAL

DETAILS OF THE CANDIDATE

REGISTER NUMBER : D N

NAME OF THE CANDIDATE (As per Xth Std. Marks Card) :

FATHER'S NAME (As per Xth Std. Marks Card or Certificate) :

AGE & DATE OF BIRTH : **YEARS** **SEX** Male / Female

DATE OF PREVIOUS APPEARANCE :

SUBJECTS APPEARING : **FRESH** **ATTEMPTS**

Paper- I		BIO SCIENCE (Anatomy, Physiology and Microbiology)
Paper- II		BEHAVIOURAL SCIENCES (Psychology and Sociology)
Paper- III		FUNDAMENTALS OF NURSING (Fundamentals of Nursing, First Aid Personal Hygiene)
Paper- IV		COMMUNITY HEALTH NURSING - I (Community Health Nursing, Environmental Hygiene, Health Education & Communication Skills, Nutrition)
Practical- I		FUNDAMENTALS OF NURSING

EXAMINATION FEES : 1. Rs. 600/- for for fresh Candidate (Including ID Card Fee)

For Repeaters : 1. Rs. 100/- for every Theory paper
2. Rs. 100/- for every Practical

Enclosures :

1. SSLC and PUC Xerox copy of Marks Card (for Freshers only)
2. One Uniform Photo to be Enclosed (Name of the Student should be written on the reverse side of the photo)
3. Xerox Copy of 1st year GNM Marks Card (for Failed Candidates only)
4. If Transferred from any other Nursing School, enclose Xerox copy of the permission given by the DME/KSNC, Bangalore.

Signature of the Candidate

CERTIFICATE

(To be filled in by the Principal / Nursing Tutor / I/C of the School of Nursing)

1. Date of Joining the Training :

2. Percentage of Attendance in Theory :

3. Percentage of Attendance in Practicals :

(Information furnished by the student is checked and found correct)

Signature of the Class-Co-ordinator

Place :
Date :

Signature of the Principal with Institution Seal

FOR OFFICE USE ONLY

Application Verified by : **ELIGIBLE / NOT ELIGIBLE**

Remarks :

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KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

No. 243, Pragati Arcade, 3rd Main, 3rd Cross, Chamarajpet, Bangalore-560 018

School Code No :

IInd YEAR

EXAMINATION APPLICATION FORM FEBRUARY 2012

School Code No : (CAPITAL LETTERS ONLY)

Affix Latest Uniform Photo Attested by the Principal

NAME OF THE INSTITUTION AND ADDRESS SEAL

DETAILS OF THE CANDIDATE

REGISTER NUMBER : D N

NAME OF THE CANDIDATE (As per Xth Std. Marks Card) :

FATHER'S NAME (As per Xth Std. Marks Card or Certificate) :

AGE & DATE OF BIRTH : **YEARS** **SEX** Male Female

DATE OF PREVIOUS APPEARANCE :

SUBJECTS APPEARING : **FRESH** **ATTEMPTS**

Paper- I	MEDICAL SURGICAL NURSING - I (Pharmacology)
Paper- II	MEDICAL SURGICAL NURSING - II (Specialities)
Paper- III	MENTAL HEALTH & PSYCHIATRIC NURSING
Practical- I	MEDICAL SURGICAL NURSING
Practical- II	PSYCHIATRIC NURSING (School Examination)

EXAMINATION FEES : 1. Rs. 500/- for for fresh Candidate

For Repeaters : 1. Rs. 100/- for every Theory paper
2. Rs. 100/- for every Practical

Enclosures :
1. Xerox Copy of 1st year GNM Marks Card.
2. Xerox Copy of 2nd year GNM Marks Card. (Failed Candidates only)
3. If Transferred from any other Nursing School, enclose Xerox copy of the permission given by the DME/KSNC, Bangalore.

Signature of the Candidate

CERTIFICATE

(To be filled in by the Principal / Nursing Tutor / I/C of the School of Nursing)

1. Date of Joining the Training :

2. Percentage of Attendance in Theory :

3. Percentage of Attendance in Practicals :

Information furnished by the student is checked and found correct

Signature of the Class-Co-ordinator

Place :
Date :

Signature of the Principal with Institution Seal

FOR OFFICE USE ONLY

Application Verified by : **ELIGIBLE / NOT ELIGIBLE**

Remarks :

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KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

No. 243, Pragati Arcade, 3rd Main, 3rd Cross, Chamarajpet, Bangalore-560 018

School Code No :

IIIrd YEAR EXAMINATION APPLICATION FORM FEBRUARY 2012

(CAPITAL LETTERS ONLY)

Affix Latest Uniform Photo Attested by the Principal

School Code No :

NAME OF THE INSTITUTION AND ADDRESS SEAL

DETAILS OF THE CANDIDATE

REGISTER NUMBER : D N

NAME OF THE CANDIDATE (As per Xth Std. Marks Card) :

FATHER'S NAME (As per Xth Std. Marks Card or Certificate) :

AGE & DATE OF BIRTH : YEARS **SEX** Male / Female

DATE OF PREVIOUS APPEARANCE :

SUBJECTS APPEARING : FRESH ATTEMPTS

Paper- I	MIDWIFERY AND GYNAECOLOGY
Paper- II	PAEDIATRIC NURSING
Paper- III	COMMUNITY HEALTH NURSING-II
Practical- I	MIDWIFERY
Practical- II	PAEDIATRIC NURSING
Practical- III	COMMUNITY HEALTH NURSING-II

EXAMINATION FEES : 1. Rs. 600/- for for fresh Candidate

For Repeaters :
1. Rs. 100/- for every Theory paper
2. Rs. 100/- for every Practical

Enclosures :
1. Xerox Copy of 1st year GNM Marks Card.
2. Xerox Copy of 2nd year GNM Marks Card.
3. Xerox Copy of 3rd year GNM Marks Card. (Failed Candidates only)
4. If Transferred from any other Nursing School, enclose Xerox copy of the permission given by the DME/KSNC, Bangalore.
5. If any Candidate has not completed all subjects of 1st year GNM subjects is not eligible for 3rd yr GNM.

Signature of the Candidate

CERTIFICATE

(To be filled in by the Principal / Nursing Tutor / I/C of the School of Nursing)

1. Date of Joining the Training :

2. Percentage of Attendance in Theory :

3. Percentage of Attendance in Practicals :

Information furnished by the student is checked and found correct

Signature of the Class-Co-ordinator

Place :
Date :

Signature of the Principal with Institution Seal

FOR OFFICE USE ONLY

Application Verified by : **ELIGIBLE / NOT ELIGIBLE**

Remarks :