1. Name of the School: 
2. Examination Centre: 
   (Application Scrutinizing Center) 
3. Hall Ticket No.: 
   (Enter System Generated Hall Ticket Number with Red Ink Pen, after entry of Online Application in the DME Website) 

4. Name of the Candidate: 
   (as per SSC Record in Block Letters Only) 

5. Father’s Name: 
   (In Block Letters Only) 

6. Date of Birth [as per SSC Record]: DD MM YYYY 

7. Educational Qualifications: 
   a) SSC Reg. No. 
      Month & Year of Passing 
   b) Intermediate or 10+2 Reg. No. 
      Month & Year of Passing 

8. Date of Admission into First Year: DD MM YYYY 


10. Subjects Appearing in the First Year (New Regulations): 
    (Mark ☑ Tick in Appropriate Space) 
    
   1) Biological Science 
   2) Behavioural Science 
   3) Fundamentals of Nursing (Theory) 
   4) Fundamentals of Nursing (Practicals) 
   5) Community Health Nursing - I 

11. Identification Marks: 1) 
    2) 

12. 3½ Years Training Period With Dates: From: D D M Y Y Y Y To: D D M Y Y Y Y 

Contd....2
13. **ATTENDANCE CERTIFICATE**  
(To be certified and submitted by the Principal of Concerned School)

Certified that Ms / Mr/ Mrs. ___________________________________________

D/o. _________________________ a student of __________________________ Nursing

School ____________________________ has attended the Practical / Theory hours as detailed below:

### I Year (New Regulations)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subjects</th>
<th>No. Of Theory Hours</th>
<th>No. Of Clinical Experience Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Biological Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Behavioural Science</td>
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</tr>
<tr>
<td>3)</td>
<td>Fundamentals of Nursing (Theory)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Fundamentals of Nursing (Practicals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>Community Health Nursing - I</td>
<td></td>
<td></td>
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</table>

**NOTE:**
1. Attested xerox copies of S.S.C., 10 + 2 or Intermediate, transfer Certificate, Migration Certificate should be enclosed.
2. Enclose One Pass Port Size Photograph by noting Hall ticket Number on the Riverside of the Photograph.
3. All the information should be filled by the candidate only.
4. Enclose a copy of Online Application after entry of the application in the DME website.
5. One Challan should be made for all students of First Year NR & OR.

Date: [ ] [ ] [ ] [ ] [ ] [ ]

D D M M Y Y Y Y

Signature of the Candidate

Signature of the Principal of the School of Nursing, Concerned with Official Seal

Signature of the Principal of Govt. School of Nursing, Concerned with Official Seal

Signature of the Medical Superintendent of Examination Center, Concerned with Official Seal
1. Examination Centre:
   (Application Scrutinizing center)

2. Hall Ticket No.:
   (To be filed by the Student with Red Ink pen, write Number only A, B not required)

3. Name of the School:

4. Name of the Candidate:
   (In Block Letters Only)

5. Father’s Name:
   (In Block Letter Only)

6. Subjects Appearing in the First Year (New Regulations):
   (Mark ✔ Tick in Appropriate Space)
   - 1) Biological Science
   - 2) Behavioural Science
   - 3) Fundamentals of Nursing (Theory)
   - 4) Fundamentals of Nursing (Practicals)
   - 5) Community Health Nursing - I

7. Number of Attempts:

8. Identification Marks:
   - 1)
   - 2)

9. Signature of the Candidate:

INSTRUCTIONS TO THE CANDIDATE:
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7. The Candidate should produce the practical chart book duly signed by the authorities at the time of practical Examination.
8. Cell Phones and other Electronic gadgets are not allowed into the Examination Hall.

for Chairman
Board of Examination for General Nursing & Midwifery
O/o. Director of Medical Education, A.P., Hyderabad.
1. Name of the School: 

2. Examination Centre: 
   (Application Scrutinizing Center) 

3. Hall Ticket No.: 
   (To be filed by the Student with Red Ink pen, write Number only A, B not required) 

4. Name of the Candidate: 
   (as per SSC Record in Block Letters Only) 

5. Father’s Name: 
   (In Block Letters Only) 

6. Date of Birth (as per SSC Record): DD MM YYYY 

7. Educational Qualifications: 
   a) SSC Reg. No. Month & Year of Passing 
   b) Intermediate or 10+2 Reg. No. Month & Year of Passing 

8. Date of Admission into First Year: DD MM YYYY 

9. Examination Fee Particulars: 
   Amount Rs. Challan No. 

10. Particulars of Previous Exam Marks: First Year (New Regulations) 

<table>
<thead>
<tr>
<th>Subjects</th>
<th>E.A.</th>
<th>I.A.</th>
<th>Total</th>
<th>Month</th>
<th>Year</th>
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</tr>
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<tbody>
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<td>1) Biological Science</td>
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Contd....2
### 11. Subjects Appearing in the First Year (New Regulations):
(Mark [ ] Tick in Appropriate Space)

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<table>
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<tbody>
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</tr>
<tr>
<td>5) Community Health Nursing - I</td>
<td></td>
</tr>
</tbody>
</table>

### 12. Identification Marks:

1) 

2) 

### 13. 3½ Years Training Period With Dates: From: D M D Y Y Y Y To: D M D Y Y Y Y

**NOTE:**
1. Attested xerox copies of S.S.C., 10 + 2 or Intermediate, transfer Certificate and First Year Marks Memo should be Enclosed.
2. Enclose One Pass Port Size Photograph by noting Hall ticket Number on the Riverside of the Photograph.
3. All the information should be filled by the candidate only.
4. Enclose a copy of Online Application after entry of the application in the DME website.
5. One Challan should be made for all student of First Year NR & OR.

**Date:** D D M M Y Y Y Y

**Signature of the Candidate**

**Signature of the Principal of the School of Nursing,**
Concerned with Official Seal

**Signature of the Medical Superintendent of Examination Center,**
Concerned with Official Seal

**Signature of the Principal of Govt. School of Nursing,**
Concerned with Official Seal
### First Year New Regulations

**Annexure**

1. **Examination Centre:**
   
   (Application Scrutinizing center)

2. **Hall Ticket No.:**
   
   (To be filled by the Student with Red Ink pen, write Number only A, B not required)

3. **Name of the School:**

4. **Name of the Candidate:**
   
   (In Block Letters Only)

5. **Father's Name:**
   
   (In Block Letter Only)

6. **Subjects Appearing in the First Year (New Regulations):**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Biological Science</td>
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<td>4) Fundamentals of Nursing (Practicals)</td>
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<tr>
<td>5) Community Health Nursing - I</td>
<td></td>
</tr>
</tbody>
</table>

7. **Number of Attempts:**

8. **Identification Marks:**
   
   1) 
   2)

9. **Signature of the Candidate:**

---

**Instructions to the Candidate:**

1. Without the Hall ticket no candidate is allowed to the Examination Hall.
2. Candidates should write their hall ticket No. Only and not their names on the answer sheets.
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7. The Candidate should produce the practical chart book duly signed by the authorities at the time of practical Examination.
8. Cell Phones and other Electronic gadgets are not allowed into the Examination Hall.
1. Name of the School: 

2. Examination Centre: 
   (Application Scrutinizing Center)

3. Hall Ticket No.: 
   (To be filed by the Student with Red Ink Pen)

4. Name of the Candidate: 
   (as per SSC Record in Block Letters Only)

5. Father’s Name: 
   (In Block Letters Only)

6. Date of Birth [as per SSC Record]: DD MM YYYY

7. Educational Qualifications:
   a) SSC Reg. No.  Month & Month & Year of Passing
      Year of Passing
   b) Intermediate or 10+2 Reg. No.  Month & Month &
      Year of Passing

8. Date of Admission into First Year: DD MM YYYY


10. Particulars of Previous Exam Marks: First Year (Old Regulations)

<table>
<thead>
<tr>
<th>Subjects</th>
<th>E.A.</th>
<th>I.A.</th>
<th>Total</th>
<th>Month</th>
<th>Year</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1) Fundamentals of Nursing (Theory)</td>
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</tr>
<tr>
<td>2) Fundamentals of Nursing (Practicals)</td>
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<tr>
<td>3) Anatomy, Physiology &amp; Microbiology (Theory)</td>
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<td></td>
</tr>
<tr>
<td>4) Community Health Nursing - I (Theory)</td>
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</tbody>
</table>

Contd....2
11. Subjects Appearing in the First Year (Old Regulations):

( Mark ☑ Tick in Appropriate Space )

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1) Fundamentals of Nursing (Theory)</td>
</tr>
<tr>
<td>2</td>
<td>2) Fundamentals of Nursing (Practicals)</td>
</tr>
<tr>
<td>3</td>
<td>3) Anatomy, Physiology &amp; Microbiology (Theory)</td>
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<td>4</td>
<td>4) Community Health Nursing - I (Theory)</td>
</tr>
</tbody>
</table>

12. Identification Marks:

1)  

2)

13. 3½ Years Training Period With Dates: From:          To:  

D D M M Y Y Y Y  D D M M Y Y Y Y

NOTE:

1. Attested xerox copies of S.S.C., 10 + 2 or Intermediate, transfer Certificate and First Year marks Memo should be Enclosed.
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4. Enclose a copy of Online Application after entry of the application in the DME website.
5. One Challan should be made for all student of First Year NR & OR.

Date:  

D D M M Y Y Y Y

Signature of the Candidate

Signature of the Principal of the School of Nursing, Concerned with Official Seal

Signature of the Principal of Govt. School of Nursing Concerned with Official Seal

Signature of the Medical Superintendent of Examination Center Concerned with Official Seal
### ANNEXURE

1. **Examination Centre:**
   (Application Scrutinizing center)

2. **Hall Ticket No.:**
   (To be filled by the Student with Red Ink Pen)

3. **Name of the School:**

4. **Name of the Candidate:**
   (In Block Letters Only)

5. **Father’s Name:**
   (In Block Letter Only)

6. **Subjects Appearing in the First Year (Old Regulations):**
   (Mark ☑ Tick in Appropriate Space)

<table>
<thead>
<tr>
<th>No.</th>
<th>Subject</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Fundamentals of Nursing (Theory)</td>
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<tr>
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<tr>
<td>4</td>
<td>Community Health Nursing - I (Theory)</td>
</tr>
</tbody>
</table>

7. **Number of Attempts:**

8. **Identification Marks:**

9. **Signature of the Candidate:**

---

**INSTRUCTIONS TO THE CANDIDATE:**

1. Without the Hall ticket no candidate is allowed to the Examination Hall.
2. Candidates should write their hall ticket No. Only and not their names on the answer sheets.
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8. Cell Phones and other Electronic gadgets are not allowed into the Examination Hall.
1. Name of the School: 

2. Examination Centre: 
   (Application Scrutinizing Center) 

3. Hall Ticket No.: 
   (To be filled by the Student with Red Ink pen, write Number only A, B not required) 

4. Name of the Candidate: 
   (as per SSC Record in Block Letters Only) 

5. Father’s Name: 
   (In Block Letters Only) 

6. Date of Birth: [as per SSC Record] : DD MM YYYY 

7. Educational Qualifications: 
   a) SSC Reg. No. Month & Year of Passing 
   b) Intermediate or 10+2 Reg. No. Month & Year of Passing 

8. Date of Admission into First Year: DD MM YYYY 

9. Examination Fee Particulars: 
   Amount Rs. 
   Challan No. 

10. Particulars of Previous Exam Marks: First Year (New Regulations) 

<table>
<thead>
<tr>
<th>Subjects</th>
<th>E.A.</th>
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<th>Total</th>
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</table>

11. Subjects Appearing in the Second Year (New Regulations): 
   (Mark ☑ Tick in Appropriate Space) 

| ☐ 1) Medical Surgical Nursing - I (Theory) | ☐ 2) Medical Surgical Nursing - II (Theory) |
| ☐ 3) Medical Surgical Nursing - II (Practicals) | ☐ 4) Mental Health & Psychiatric Nursing (Theory) |

12. Identification Marks: 1) 

2)
13. 3½ Years Training Period With Dates: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

14. **ATTENDANCE CERTIFICATE**  
(To be certified and submitted by the Principal of Concerned School)

Certified that Ms / Mr/ Mrs. ___________________________________________  
D/o. _________________________ a student of __________________________Nursing School _____________________________________ has attended the Practical / Theory hours as detailed below:

### II Year (New Regulations)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subjects</th>
<th>No. Of Theory Hours</th>
<th>No. Of Clinical Experience Hours</th>
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<tbody>
<tr>
<td>1)</td>
<td>Medical Surgical Nursing - I (Theory)</td>
<td></td>
<td></td>
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<tr>
<td>2)</td>
<td>Medical Surgical Nursing - II (Theory)</td>
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<tr>
<td>3)</td>
<td>Medical Surgical Nursing - II (Practicals)</td>
<td></td>
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<td>4)</td>
<td>Mental Health &amp; Psychiatric Nursing (Theory)</td>
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Date: D D M M Y Y Y Y

Signature of the Candidate: ____________________________

Signature of the Principal of the School of Nursing, Concerned with Official Seal: ____________________________

Signature of the Medical Superintendent of Examination Center, Concerned with Official Seal: ____________________________

Signature of the Principal of Govt. School of Nursing, Concerned with Official Seal: ____________________________
SECOND YEAR NEW REGULATIONS

1. Examination Centre :
   (Application Scrutinizing center)

2. Hall Ticket No. :
   (To be filed by the Student with Red ink pen, write Number only A, B not required)

3. Name of the School :

4. Name of the Candidate :
   (In Block Letters Only)

5. Father’s Name :
   (In Block Letter Only)

6. Subjects Appearing in the Second Year (New Regulations) :
   (Mark ☑ Tick in Appropriate Space)

   1) Medical Surgical Nursing - I
      ( Theory )

   2) Medical Surgical Nursing - II
      ( Theory )

   3) Medical Surgical Nursing - II
      ( Practicals )

   4) Mental Health & Psychiatric Nursing
      ( Theory )

7. Number of Attempts :

8. Identification Marks :
   1) 
   2) 

9. Signature of the Candidate :

INSTRUCTIONS TO THE CANDIDATE :

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for Chairman
Board of Examination for General Nursing & Midwifery
O/o. Director of Medical Education, A.P., Hyderabad.
1. Name of the School: 

2. Examination Centre: 
   (Application Scrutinizing Center)

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   (as per SSC Record in Block Letters Only)

5. Father’s Name: 
   (In Block Letters Only)

6. Date of Birth [as per SSC Record]: DD MM YYYY

7. Educational Qualifications:
   a) SSC Reg. No. Month & Month & Year of Passing
   b) Intermediate or 10+2 Reg. No. Month & Year of Passing

8. Date of Admission into First Year: DD MM YYYY


10. **Particulars of Previous Exam Marks: First Year (New Regulations)**

<table>
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<th>Subjects</th>
<th>E.A.</th>
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Contd...2
### 11. Particulars of Previous Exam Marks: Second Year (New Regulations)

<table>
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<th>Subjects</th>
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<td>4) Mental Health &amp; Psychiatric Nursing (Theory)</td>
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### 12. Subjects Appearing in the Second Year (New Regulations):

( Mark ✓ Tick in Appropriate Space )

| 1) Medical Surgical Nursing - I (Theory)      | ✓     |      |       |       |      |                 |
| 2) Medical Surgical Nursing - II (Theory)     |      | ✓     |       |       |      |                 |
| 3) Medical Surgical Nursing - II (Practicals) |      |      | ✓     |       |      |                 |
| 4) Mental Health & Psychiatric Nursing (Theory) |      |      |       | ✓     |      |                 |

### 13. Identification Marks:

1)

2)

### 14. 3½ Years Training Period With Dates:

From: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

To: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**NOTE:**

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5. One Challan should be made for all student of Second Year NR & OR.

**Date:** [ ] [ ] [ ] [ ] [ ] [ ]

**Signature of the Candidate**

**Signature of the Principal of the School of Nursing, Concerned with Official Seal**

**Signature of the Principal of Govt. School of Nursing, Concerned with Official Seal**

**Signature of the Medical Superintendent of Examination Center, Concerned with Official Seal**
SECOND YEAR NEW REGULATIONS

6. Subjects Appearing in the Second Year (New Regulations):
   1) Medical Surgical Nursing - I (Theory)
   2) Medical Surgical Nursing - II (Theory)
   3) Medical Surgical Nursing - II (Practicals)
   4) Mental Health & Psychiatric Nursing (Theory)

INSTRUCTIONS TO THE CANDIDATE:

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12. **Particulars of Previous Exam Marks : Second Year (Old Regulations)**

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13. **Subjects Appearing in the Second Year (Old Regulations) :**

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14. **Identification Marks :**

1) Medical Surgical Nursing - I (Theory)

2) Medical Surgical Nursing - II (Theory)

15. 3½ Years Training Period With Dates:

From: D D M Y Y Y Y To: D D M Y Y Y Y

**NOTE:**

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Date: D D M Y Y Y Y

**Signature of the Candidate**

**Signature of the Principal of**
**Govt. School of Nursing**
**Concerned with Official Seal**

**Signature of the Medical Superintendent of Examination Center**
**Concerned with Official Seal**
Annexure

1. Examination Centre:
   (Application Scrutinizing center)

2. Hall Ticket No.
   (To be filled by the Student with Red Ink Pen)

3. Name of the School:

4. Name of the Candidate:
   (In Block Letters Only)

5. Father’s Name:
   (In Block Letter Only)

6. Subjects Appearing in the Second Year (Old Regulations):
   (Mark ✓ Tick in Appropriate Space)

   - 1) Medical Surgical Nursing - I
     (Theory)
   - 2) Medical Surgical Nursing - II
     (Theory)
   - 3) Medical Surgical Nursing - II
     (Practicals)
   - 4) Paediatric Nursing, Mental Health
     & Psychiatric Nursing (Theory)
   - 5) Paediatric Nursing, Mental Health
     & Psychiatric Nursing (Practicals)

7. Number of Attempts:

8. Identification Marks:
   1)
   2)

9. Signature of the Candidate:

---

Instructions to the Candidate:

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For Chairman
Board of Examination for General Nursing & Midwifery
O/o. Director of Medical Education, A.P., Hyderabad.
1. Name of the School :

2. Examination Centre :
   (Application Scrutinizing Center)

3. Hall Ticket No. :
   (To be filed by the Student with Red Ink pen, write Number only A, B not required)

4. Name of the Candidate :
   (as per SSC Record in Block Letters Only)

5. Father’s Name :
   (In Block Letters Only)

6. Date of Birth [as per SSC Record] : DD MM YYYY

7. Educational Qualifications :
   a) SSC Reg. No. Month &
      Year of Passing
   b) Intermediate or 10+2 Reg. No. Month &
      Year of Passing

8. Date of Admission into First Year : DD MM YYYY

9. Examination Fee Particulars :
   Amount Rs. ___ Challan No. ___

10. Particulars of Previous Exam Marks : First Year (New Regulations)

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12. Subjects Appearing in the Third Year (New Regulations) :

- 1) Midwifery and Gynaecology (Theory)
- 2) Midwifery and Gynaecology (Practicals)
- 3) Paediatric Nursing (Theory)
- 4) Paediatric Nursing (Practicals)
- 5) Community Health Nursing - II (Theory)
- 6) Community Health Nursing - II (Practicals)

13. Identification Marks :

1) 
2) 

14. 3½ Years Training Period With Dates: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

15. ATTENDANCE CERTIFICATE

(To be certified and submitted by the Principal of Concerned School)

Certified that Ms / Mr/ Mrs. ___________________________________________
D/o. _________________________ a student of __________________________Nursing
School _____________________________________has attended the Practical / Theory

hours as detailed below:

III Year (New Regulations)

<table>
<thead>
<tr>
<th>S.No.</th>
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<th>No. Of Theory Hours</th>
<th>No. Of Clinical Experience Hours</th>
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Date: D D M M Y Y Y Y

Signature of the Candidate

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Signature of the Principal of Govt. School of Nursing
Concerned with Official Seal

Signature of the Medical Superintendent of Examination Center
Concerned with Official Seal
THIRD YEAR NEW REGULATIONS

Subjects Appearing in the Third Year (New Regulations):

2) Midwifery and Gynaecology (Practicals)
3) Paediatric Nursing (Theory)
4) Paediatric Nursing (Practicals)
5) Community Health Nursing - II (Practicals)
1) Midwifery and Gynaecology (Theory)

(To be filed by the Student with Red Ink pen, write Number only A, B not required)

Affix recent Photograph of Applicant attested by the Principal of the School of Nursing

Annexure

1. Examination Centre:
   (Application Scrutinizing center)

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### GOVERNMENT OF ANDHRA PRADESH
DIRECTORATE OF MEDICAL EDUCATION: A.P., KOTI, HYDERABAD
BOARD OF EXAMINATION FOR GENERAL NURSING AND MIDWIFERY
APPLICATION FORM FOR THIRD YEAR OLD REGULATIONS (SUPPLEMENTARY)

March / August 20___

1. Name of the School: 

2. Examination Centre:  
   (Application Scrutinizing Center) 

3. Hall Ticket No.:  
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4. Name of the Candidate:  
   (as per SSC Record in Block Letters Only) 

5. Father’s Name:  
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6. Date of Birth [as per SSC Record]:  DD MM YYYY  

7. Educational Qualifications:  
   a) SSC Reg. No.  _______  Month & Year of Passing  
   b) Intermediate or 10+2 Reg. No.  _______  Month & Year of Passing  

8. Date of Admission into First Year:  DD MM YYYY  

9. Examination Fee Particulars:  
   Amount Rs.  _______  Challan No.  _______  

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- [ ] 1) Midwifery (Theory)
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### Identification Marks: 1)

### 3 Years Training Period With Dates:

From: 

To: 

NOTE:

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GOVERNMENT OF ANDHRA PRADESH
DIRECTORATE OF MEDICAL EDUCATION : A.P., KOTI, HYDERABAD
BOARD OF EXAMINATION FOR GENERAL NURSING AND MIDWIFERY
GENERAL NURSING AND MIDWIFERY EXAMINATIONS ____________ 20
THIRD YEAR OLD REGULATIONS

HALL TICKET

ANNEXURE 1 2 3

1. Examination Centre : 
   (Application Scrutinizing center)

2. Hall Ticket No. : 
   (To be filled by the Student with Red Ink Pen)

3. Name of the School :

4. Name of the Candidate : 
   (In Block Letters Only)

5. Father’s Name : 
   (In Block Letter Only)

6. Subjects Appearing in the Third Year (Old Regulations) : 
   (Mark ✔ Tick in Appropriate Space)

   ☐ 1) Midwifery (Theory)  ☐ 2) Midwifery (Practicals)

   ☐ 3) Community Health Nursing - II (Theory)

7. Number of Attempts :
8. Identification Marks :
   1)
   2)

9. Signature of the Candidate :

for Chairman
Board of Examination for General Nursing & Midwifery
O/o. Director of Medical Education, A.P., Hyderabad.

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8. Date of Admission into First Year: DD MM YYYY 

9. Examination Fee Particulars: 
   Amount Rs. 
   Challan No. 

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<tr>
<td>2) Medical Surgical Nursing - II (Theory)</td>
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<td>3) Medical Surgical Nursing - II (Practicals)</td>
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<td>4) Paediatric Nursing, Mental Health &amp; Psychiatric Nursing (Theory)</td>
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<tr>
<td>5) Paediatric Nursing, Mental Health &amp; Psychiatric Nursing (Practicals)</td>
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</tbody>
</table>

Contd....2
12. Subjects Appearing in the Third Year (Old Regulations) :

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1) Midwifery (Theory)</td>
<td>2) Midwifery (Practicals)</td>
</tr>
<tr>
<td>3) Community Health Nursing - II ( Theory )</td>
<td></td>
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</tbody>
</table>

13. Identification Marks :

1) 2)

14. 3 Years Training Period With Dates:

From: 

To: 

DDMMYYYY

DDMMYYYY

15. ATTENDANCE CERTIFICATE

(To be certified and submitted by the Principal of Concerned School)

Certified that Ms / Mr/ Mrs. ________________________________

D/o. ___________________________ a student of ___________________________ Nursing

School ________________________________ has attended the Practical / Theory hours as detailed below:

### III Year (New Regulations)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subjects</th>
<th>No. Of Theory Hours</th>
<th>No. Of Clinical Experience Hours</th>
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<tbody>
<tr>
<td>1)</td>
<td>Midwifery (Theory)</td>
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<tr>
<td>2)</td>
<td>Midwifery (Practicals)</td>
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<tr>
<td>3)</td>
<td>Community Health Nursing - II ( Theory )</td>
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</tbody>
</table>

NOTE: 1. Attested xerox copies of S.S.C., 10 + 2 or Intermediate, transfer Certificate, First Year, Second Year Memos should be enclosed.
2. Enclose One Pass Port Size Photograph by noting Hall ticket Number on the Riverside of the Photograph.
3. All the information should be filled by the candidate only.
4. Enclose a copy of Online Application after entry of the application in the DME website.
5. One Challan should be made for all student of Third Year NR & OR.

Date: 

DDMMYYYY

Signature of the Candidate  
Signature of the Principal of the School of Nursing, Concerned with Official Seal

Signature of the Principal of Govt. School of Nursing, Concerned with Official Seal

Signature of the Medical Superintendent of Examination Center, Concerned with Official Seal
THIRD YEAR OLD REGULATIONS

6. Subjects Appearing in the Third Year (Old Regulations):

2) Midwifery (Practicals)

3) Community Health Nursing - II (Theory)

1) Midwifery (Theory)

Mark [ ] Tick in Appropriate Space

GOVERNMENT OF ANDHRA PRADESH
DIRECTORATE OF MEDICAL EDUCATION : A.P., KOTI, HYDERABAD
BOARD OF EXAMINATION FOR GENERAL NURSING AND MIDWIFERY
GENERAL NURSING AND MIDWIFERY EXAMINATIONS ____________ 20

HALL TICKET

ANNEXURE 1 2 3

( Mark [ ] Tick in Appropriate Space )

1. Examination Centre : 

(Application Scrutinizing center)

2. Hall Ticket No. : 

(To be filled by the Student with Red Ink Pen)

3. Name of the School :

4. Name of the Candidate :

(In Block Letters Only)

5. Father’s Name :

(In Block Letter Only)

6. Subjects Appearing in the Third Year (Old Regulations) :

( Mark [ ] Tick in Appropriate Space )

[ ] 1) Midwifery (Theory) [ ] 2) Midwifery (Practicals)

[ ] 3) Community Health Nursing - II (Theory)

7. Number of Attempts :

8. Identification Marks :

1) 

2)

9. Signature of the Candidate :

INSTRUCTIONS TO THE CANDIDATE :

1. Without the Hall ticket no candidate is allowed to the Examination Hall.

2. Candidates should write their hall ticket No. Only and not their names on the answer sheets.

3. Candidates are prohibited from writing anything either on their Hall ticket or Question papers. Strict silence should be maintained in the Examination Hall.

4. Candidates should report in the Examination Hall 30 minutes before commencing the Examination.

5. No candidate should be allowed to leave the Examination Hall 30 minutes before the closing time of the Examination.

6. Candidate may bring with them pen, pencil, eraser, colour pencils / sketch pens and foot scales.

7. The Candidate should produce the practical chart book duly signed by the authorities at the time of practical Examination.

8. Cell Phones and other Electronic gadgets are not allowed into the Examination Hall.

for Chairman
Board of Examination for General Nursing & Midwifery
O/o. Director of Medical Education, A.P., Hyderbad.