



GOVERNMENT OF ANDHRA PRADESH  
DIRECTORATE OF MEDICAL EDUCATION: A.P.,  
BOARD OF EXAMINATIONS FOR NURSING EXAMINATION  
REGULAR/ SUPPLEMENTARY POST BASIC DIPLOMA IN ALL DISCIPLINES (8)

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

## APPLICATION FORM

Application No. \_\_\_\_\_

October -2019

Tick (✓) on Post Basic Diploma Course

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. Neonatal Nursing               | <input type="checkbox"/> 2. Oncology Nursing             | <input type="checkbox"/> 3 Psychiatric/ Mental Health Nursing |
| <input type="checkbox"/> 4. Ortho & Rehabilitation Nursing | <input type="checkbox"/> 5. Critical Care Nursing        | <input type="checkbox"/> 6. Emergency and Disaster Nursing    |
| <input type="checkbox"/> 7. Cardiothoracic Nursing         | <input type="checkbox"/> 8. Midwifery Nurse Practitioner |   |

Examination Centre :

Name of the Nursing Institute :

Hall Ticket No :  
(Examination Board Allotted)

Name of the Candidate :  
(Block Letter Only )

D/O / S/O:

Date of Birth :

Date of Admission in to the Institution:

Educational qualifications:

- A) SSC Hall Ticket No & Year : \_\_\_\_\_
- B) Inter or 10+2 Hall Ticket No & Year : \_\_\_\_\_
- C) Registration Certificate ( RN & RM) (from APNMC) : \_\_\_\_\_
- D) Details Experience Certificate : \_\_\_\_\_

### Subjects Appearing

- A. Theory**     1) Clinical Nursing- I     2) Clinical Nursing -II     3) Supervision & Management, Clinical Teaching, Elementary Research and Statistics
- B. Practicals**     1. Clinical Nursing (Teaching and Supervision to be integrated)

**Examination Fee Particulars:**                      Amount :                      Challan No:                      Challan Date :

### ATTENDANCE CERTIFICATE

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

This is to Certify that .....D/o / S/o .....  
.....a student of .....has attended the Practical/ Theory  
hours as noted below.

| S.No | Subjects  | I.A Marks | Theory in Hours | Clinical Experience in Hours |
|------|---|-----------|-----------------|------------------------------|
| 1    | <b><u>A.Theory:</u></b> Clinical Nursing- I   |           |                 |                              |
| 2    | Clinical Nursing –II  |           |                 |                              |
| 3    | Supervision & Management, Clinical Teaching, Elementary Research and Statistics             |           |                 |                              |
| 1    | <b><u>B. Practicals</u></b><br>Clinical Nursing (Teaching and Supervision to be integrated) |           |                 |                              |

Note:-

1. Enclose attested photo copies of S.S.C, 10 +2 or Intermediate, Transfer Certificate, Migration Certificate, RN RM Certificate from APNMC & Experience Certificate.
2. Clinical Experience Certificate to be submitted.
3. Single Challan should be made for all subjects who are appearing for Exam & No extra amount is accepted.

Date:

Signature of the Candidate

Signature of Principal  
School of Nursing with Seal



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**October -2019**

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Nursing

App. No: **HALLTICKET (BOARD COPY)**

Tick (✓) on Post Basic Diploma Course

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. Neonatal Nursing               | <input type="checkbox"/> 2. Oncology Nursing             | <input type="checkbox"/> 3. Psychiatric/ Mental Health Nursing |
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| <input type="checkbox"/> 7. Cardiothoracic Nursing         | <input type="checkbox"/> 8. Midwifery Nurse Practitioner |  |

1. Examination centre:

2. Name of the Nursing Institute :

3. Hall Ticket No:  
(Examination Board Allotted)

4. Name of the Candidate:  
(Block Letter Only )

5. D/O / S/O:

6. Identification Marks: 1)  
2)

**Subjects Appearing for One year Post Basic Diploma Course (Regular)**

- A. Theory**  1) Clinical Nursing- I  2) Clinical Nursing -II  3) Supervision & Management, Clinical Teaching, Elementary Research and Statistics
- B. Practicals**  1. Clinical Nursing (Teaching and Supervision to be integrated)

Signature of the Candidate

for Chairman  
BEGNM- Post Basic Diploma Courses  
O/o Director of Medical Education

**INSTRUCTIONS TO THE CANDIDATE**

1. After downloading the Hall Ticket, affix the same Photograph which was affixed on the Online Application and the Photo has to be attested by the Principal of the concerned School of Nursing.
2. Without the Hall Ticket, no candidate is allowed to the Examination Hall.
3. Candidates should write their Hall Ticket number only and not their names on the answer sheet.
4. Candidates are prohibited from writing anything either on their Hall ticket or Question papers. Strict silence should be maintained in the examination hall.
5. Candidates should report in the Examination Hall 60 Minutes before commencement of the Examination.
6. No candidate should be allowed to leave the Examination Hall 30 Minutes before the closure time of the Examination.
7. Candidates may bring with them Pen, Pencil, Eraser, Color pencils/ Sketch pens and foot scales.
8. The candidate should produce the Practical record book duly signed by the authorities at the time of Practical examination.
9. Cell Phones and other Electronic gadgets are not allowed into the Examination Hall.



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BOARD OF EXAMINATIONS FOR NURSING EXAMINATION APPLICATION FORM FOR  
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**October -2019**

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Nursing

App. No: **HALLTICKET (CENTRE COPY)**

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- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. Neonatal Nursing               | <input type="checkbox"/> 2. Oncology Nursing             | <input type="checkbox"/> 3 Psychiatric/ Mental Health Nursing |
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1. Examination centre:

2. Name of the Nursing Institute :

3. Hall Ticket No:  
(Examination Board Allotted)

4. Name of the Candidate:

5. D/O / S/O:

6. Identification Marks: 1)  
2)

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App. No: **HALLTICKET (STUDENT COPY)**

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