

(G) (A)

From No.1 (O.N.E.B.)

ORISSA NURSES & MIDWIVES EXAMINATION BOARD

1st / 2nd / 3rd Examination for Certificate on General Nursing Midwifery

SPACE FOR
- PHOTOGRAPH

To,
THE SECRETARY
ORISSA NURSES & MIDWIVES EXAMINATION BOARD

I request permission to appear at the ensuing 1st / 2nd / 3rd Examination for certificate in General Nursing Midwives.

1. The fees of Rs is forwarded herewith
2. Name in full (Block Letter)
3. Father's Name
4. Religion
5. Caste
6. Date of Birth
7. Permanent Address
8. Name of the Training Institution
9. Age on the first date in the month of examination
10. General education examination passed with date of passing
11. Marks of Identification
12. Brief History on Examination appeared

	When appear with date & Notification Number	Roll No.	Result Camp. Ordinary	Remarks
a)	1st Year			
b)	2nd Year			
c)	3rd Year			

Signature of Principal Tutor

Signature of Candidate

Date

(P.T.O)