

## EXPERIENCE CERTIFICATE

(PGJMC / CIG/CTE / PGDHE / PGDHHM / DNA)

This is to certified that Mr./Ms./Mrs. \_\_\_\_\_

is employed with this school/Institution/Organisation/Office/Hospital as \_\_\_\_\_

since \_\_\_\_\_



Place : \_\_\_\_\_

Signature : \_\_\_\_\_

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

Name : \_\_\_\_\_

(in Block letters)

Designation :



Name of School/Institution/ \_\_\_\_\_

Organisation/Office/Hospital \_\_\_\_\_

(Seal/Stamp) \_\_\_\_\_

(Self employed professional may certify on their own behalf, but they should attach copies of their Registration Certificates)

**FORM - A**  
**(For those seeking admission to DNA Programme)**

**1) Professional Qualification General Nursing & Midwifery**

- a) Completion State Board/  
Nursing Council Examination  Year  % of marks
- b) General Nursing  Year  % of marks
- c) Midwifery Nursing  Year  % of marks
- d) Name of Registration Council  Year of  Reg. No. RN
- Regn.  Reg. No. RM

**Students applying in Delhi must have the proof of Registration with Delhi Nursing Council (DNC).**

**2) Marks Obtained**

Years	Total Marks Obtained	Total Max. Marks	Percentage
1st year			
2nd year			
3rd year			
<b>Total</b>			

### 3) Male Nurses to mention course done in lieu of Midwifery (recognized by INC)

<b>Psychiatric Nursing</b>	<input type="text"/>	<b>Ophthalmic Nursing</b>	<input type="text"/>
<b>Tuberculosis</b>	<input type="text"/>	<b>Leprosy</b>	<input type="text"/>
<b>Operation Theatre</b>	<input type="text"/>	<b>Oncology</b>	<input type="text"/>
<b>Cancer Nursing</b>	<input type="text"/>	<b>Occupational Health</b>	<input type="text"/>
<b>Neurology</b>	<input type="text"/>		

### 4) Working Experience (Please give details chronologically) :

S. No.	Name of Organization	Designation	Dates of Service		Length of Experience	
			From	To	Years	Months
					Total	