

INDIAN NURSING COUNCIL

TRANSCRIPT OF POST BASIC B.SC. NURSING OR EQUIVALENT COURSES COMPLETED FROM FOREIGN COUNTRIES.

To be filled by the Institution and directly sent to the office of INC by the Institution (where the applicant has studied)

1. Name of Applicant: _____

2. P.B. B.Sc. Nursing or Equivalent Examination completed: _____

3. Name of Degree : _____

4. Duration of Degree : From _____ To _____

5. Medium of Instruction: _____

Examination Board And Registration Council	Location Address Pin Code Ph. No.	Duration		Certificate of Degree Awarded with date
		From	To	
(i) Training Institution/ Department				
(ii) Examination Board/ Council				
(iii) Registering Body/ Council				

Signature with seal/stamp: _____ Date : _____
(Head of the department of College)

6. Details of Courses and Hours of Instruction :

S.No.	Study Areas	Hours of Theory Instruction/ conversion of credits into hours plus of	Hours of Practical Experience
1.	<u>Physical & Biological Sciences</u> (i) Biochemistry & Biophysics (ii) Microbiology (iii) Nutrition & Dietetics		
2.	<u>Social Sciences</u> (i) Psychology (ii) Sociology		
3.	<u>Nursing Sciences</u> (i) Nursing Foundation (ii) Medical & Surgical Nursing (iii) Child Health Nursing (iv) Mental Health Nursing (v) Community Health Nursing		

Signature with seal/stamp: _____ Date : _____
 (Head of the department of College)

S.No.	Study Areas	Hours of Theory Instruction/ plus conversion of credit into hours	Hours of Practical Experience
4.	<u>Maternal Nursing</u> (i) Conducted ANC Exam (ii) Post natal Cases Nursed (iii) Conducting normal Deliveries (iv) Vaginal Examinations performed (v) Episiotomies and Suturing		
5.	<u>Miscellaneous</u> (i) Introduction to Nursing Education (ii) Introduction to Nursing Administration (iii) Introduction to Nursing Research & Statistics (iv) English		

Note : If credits are converted to hours of instruction, give the basis of conversion for theory and practical. Attach an official transcript record issued by the University.

Signature with seal/stamp: _____ Date : _____
 (Head of the department of College)

**Note : 1. Transcript Proforma with corrections/overwriting will not be accepted.
 2. The information should be handwritten.**