



TAMIL NADU NURSES AND MIDWIVES COUNCIL

(Constituted Under Tamil Nadu Act III & XXVI of 1926 & 1960)

Jayaprakash Narayanan Maligal, Old No.140, New No.56, Santhome High Road (Near Santhome Church),
Mylapore, Chennai – 600 004, Tel: 044-46786539,

Web:www.tamilnadunursingcouncil.com E-mail:info@tamilnadunursingcouncil.com

All communications to be addressed to the 'Registrar' and not by Name

Prof.Dr.S.ANI GRACE KALAIMATHI, RN, RM, Ph.D.,
REGISTRAR

Ref.No.278/NC/2022

26/05/2022

To

All the Principals of Schools / Colleges of Nursing.

The Nursing students.

Sir/Madam,

Sub : Mercy Chance – Application – Reg.

As per the Indian Nursing Council's guidelines, Tamilnadu Nurses and Midwives Council is inviting applications (programmewise separate application available) in the prescribed Proforma to be submitted on or before 30/06/2022, by the candidates through the concerned institution, who have crossed the double duration and yet to clear the final year subjects to appear for the Mercy Chance examination to appear for the University / Board Examination for B.Sc. Nursing / Post Basic B.Sc. Nursing / M.Sc Nursing and DGNM. Hence, the Principals of the Schools/Colleges are requested to instruct the eligible candidates to submit the Application Proforma within time prescribed by the Council.

Further to note that Mercy Chance is not eligible to the candidates those who have discontinued / rejoined the course as per the INC guidelines. Therefore, eligible candidates' application only to be forwarded by the Principal of the concerned Nursing Institution.

Thanking you,

Yours faithfully,


REGISTRAR

Encl.: Applications
/np



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APPLICATION PROFORMA

ELIGIBILITY FOR MERCY CHANCE EXAMINATION – Basic B.Sc(Nursing)

Read the instructions carefully and fill up all the columns and attach relevant documents along with the application form.

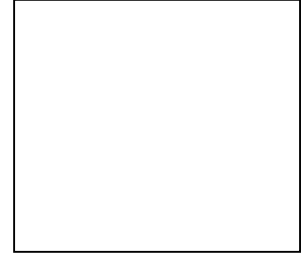


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PERSONAL DETAILS

- 1.Name of the Applicant
(in BLOCK LETTERS as per University Records) :
- 2.Name of Father/Guardian :
- 3.Date of Birth / Age :
4. Gender :
5. Communication Address
with Contact details,Email ID &
Phone/Mobile Numbers :

ACADEMIC DETAILS:

6. Name of the Institution where studied :
7. Year of Admission :
8. Duration of Course Completion :
9. Name of the University :
10. University Registration Number :
11. Month and Year of last University exam
Appeared :

12 Details of year wise

University exam completion (Enclose attested University Mark sheets)

| Year | Month & Year of Passing | No.of Attempts | Arrear Subjects | Remarks |
|--------|-------------------------|----------------|-----------------|---------|
| I Yr | | | | |
| II Yr | | | | |
| III Yr | | | | |
| IV Yr | | | | |

13. Reason for Mercy Chance Request:

14. Enclosures:

- a. Request letter from the Candidate
- b. Declaration from the Head of the Institution as per enclosed format
- c. Copies of the attested University mark sheets by the Head of the Institution for all the years
- d. Photo ID proof
- e. Attach one Passport size photo separately

Place:

Date:

Signature of the Candidate

Declaration by the Head of the Institution

This is to certify that Ms/Mr _____,
Registration No. _____ was a student of _____ and
admitted during the academic year _____. He /She has completed the
_____course requirements (prescribed theory and practical hours in the final
year program) **and attended the final year examination and arrear in _____**
subject and is eligible to apply for the Mercy chance examination to be conducted by the
Tamilnadu Nurses and Midwives Council, Chennai.

Place :

Date :

Signature of the Head of the Institution with seal



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APPLICATION PROFORMA

ELIGIBILITY FOR MERCY CHANGE EXAMINATION –

Post Basic B.Sc(Nursing)

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Photo with signature

PERSONAL DETAILS

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(in BLOCK LETTERS as per University Records) :
- 2.Name of Father/Guardian :
- 3.Date of Birth / Age :
4. Gender :
5. Communication Address
with Contact details,Email ID & :
Phone/Mobile Numbers

ACADEMIC DETAILS:

6. Name of the Institution where studied :
7. Year of Admission :
8. Duration of Course Completion :
9. Name of the University :
10. University Registration Number :
11. Month and Year of last University exam
Appeared :

12 Details of year wise

University exam completion (Enclose attested University Mark sheets)

| Year | Month & Year of Passing | No.of Attempts | Arrear Subjects | Remarks |
|-------|-------------------------|----------------|-----------------|---------|
| I Yr | | | | |
| II Yr | | | | |

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APPLICATION PROFORMA

ELIGIBILITY FOR MERCY CHANCE EXAMINATION – DGNM

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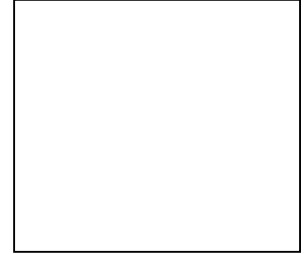


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PERSONAL DETAILS

- 1.Name of the Applicant
(in BLOCK LETTERS as per Board Records) :
- 2.Name of Father/Guardian :
- 3.Date of Birth / Age :
4. Gender :
5. Communication Address
with Contact details,Email ID &
Phone/Mobile Numbers :

ACADEMIC DETAILS:

6. Name of the Institution where studied :
7. Year of Admission :
8. Duration of Course Completion :
9. Name of the Board :
10. Board Registration Number :
11. Month and Year of last Board exam
Appeared :

12 Details of year wise

Board exam completion (Enclose attested Board Mark sheets)

| Year | Month & Year of Passing | No.of Attempts | Arrear Subjects | Remarks |
|------------|-------------------------|----------------|-----------------|---------|
| I yr | | | | |
| II yr | | | | |
| III yr | | | | |
| INTERNSHIP | | | | |

13. Reason for Mercy Chance Request:

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Place :

Date :

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