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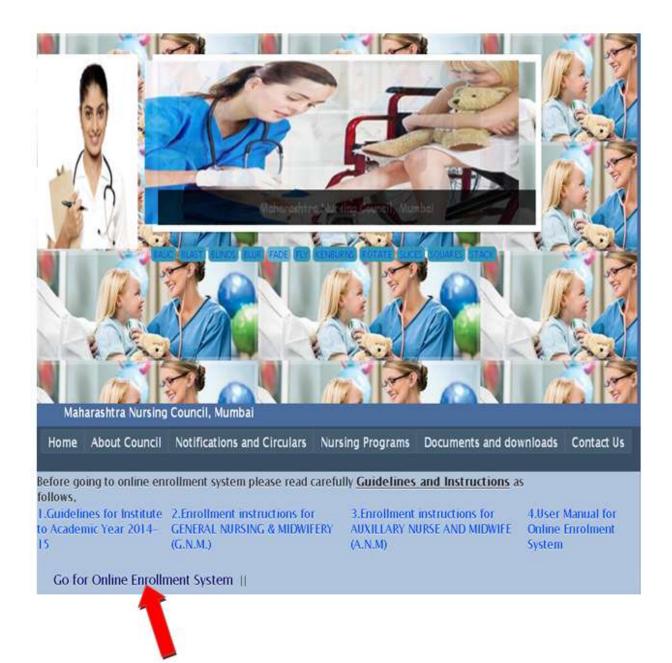
ANY QUERIES OR SUGGESTIONS SHOULD BE FORWARDED TO: The Registrar Maharashtra Nursing Coucil, E.S.I.S.Compound, LBS Road, Mulund (W). • Getting Started for **Online Enrollment System click on Maharashtra Nursing Council website www.maharashtranursingcouncil.org** is shown as below,



• Then click on " Online Enrollment System "



- Click on Online Enrollment System User should go to the Home page.
- Before Going to Online Enrollment system user should read the following guidelines & instructions carefully:
 - 1. Guidelines For Institute to academic year 2014-15
 - 2. Enrollment Instructions For GENRAL NURISNG & MIDWIFERY (G.N.M.)
 - 3. Enrollment Instructions For AUXILLARY NURSE AND MIDWIFE (A.N.M.)
 - 4. User Manual for Online Enrollment System



- Click on Go for Online Enrollment System User should go to the Institute Login page.
 Note:
- All Institutes should be used same username and password of academic year 2013-14 for internal marks entry.
- For Academic Year 2014-15 Every Institute Should Create New Account Then Login For Enrollment.
- User Click on Create New Account Page.

| - | | _ |
|--|------------------------|---|
| INSTITUTE LOGIN | | |
| | | * Mandatory |
| Year | Selech | • * |
| Course Name | Select | • * |
| User name | | 1 |
| Password | | 1 |
| | LOGIN BACK | |
| Change Password | Create Account | B. Contraction of the second se |
| All mobile should be use same Over masks Estry. | Name and Password of A | 2013-14 for Mileman |

• Fill up all the fields details

Note: Please create new account for ANM and GNM separately.

All the fields marked with an asterisk (*) sign are compulsory/mandatory to be filled

| Academic Year | 2014-15 | District | Pune * |
|-------------------------------------|---|--|---|
| Region Name | Pune * | Institute Name | DR. D.Y.PATIL INSTITUTE |
| Year of Institute Establishment | 2000 | Last Year of Inspection | 2013 |
| Trust Date | 15/01/2000 | Trust No | Trust/2013/12/0 |
| Essentiality No. | ES1203 | Essentiality Date | 06/08/2013 |
| Suitability /INC permission year | 2013 | MNC Permission Year | 2014 |
| Affiliation on fees for the year | 2013 | Fees Amount | 15000 |
| Institute Landline Number | 020641255 | | |
| Institute Moblie No | 9960949160 | | |
| Institute Email ID | :dypatil@gmail.com | Pan/Adhar/Driving Licence/ID Card No. | 4547855569 |
| Course Name | REVISED AUXILLARY NUI * | Institute Fax No: | 01245121 |
| Institute Type | : Government • | | |
| Upload Documents | 1st Step , Please Sel | ect PDF File | |
| Cortificato | oose File No file chosen | Suitability : Choos Certificate | se File No file chosen ad * No File Enclosed |
| | 2 nd Step, Click on up | load Button | |
| | oose File No file chosen Upload * No File Enclosed | Government : Choose Resolution | se File No file chosen ad * No File Enclosed |

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Academic Year : Click the icon to view the years under the drop down box. Select a suitable option.

icon to view the All District list under the drop down box.Select a suitable option.

| | • |
|--|---|
| Region Name : Click the option. | icon to view the All Region list under the drop down box.Select a suitable |
| After the select District and Reg | gion name ,then automatically bind the drop downList for particular Institute |
| Institute Name: Click the option. | icon to view the All Institute list under the drop down box.Select a suitable |
| Year of Institute establish | ment : Enter year of Institute establishment in the text box. |
| Last Year of Inspection : | Enter Last year of Inspection in the text box. |
| Trust date And No. : Enter | institute trust date and trust No in the text box. |
| Essentiality NO and Date | : Enter the Institute Essentiality No and Essentiality Date. in the text box. |
| INC and MNC permission Ye | ar : Enter the Institute INC and MNC Permission Year. |
| Fees Amount : Enter Fees. Ir | n the Text Box. |
| Institute Landline No. and numeric | Mobile NO : Enter a valid landline and mobile number. It should be only |
| Institute Email ID : Enter th | e valid institute Email ID. |
| Pan / Aadhar / Driving lic | ense ID card No: Enter your Pancard /Aadhar card/Driving license no . |
| | |
| Course Name: Click the | icon to view the all course under the drop down box.Select a suitable option. |
| Institute Fax No. : Enter th | e valid institute Fax No. |
| User Name : Enter your the | unique User Name |

Password : Enter your secure password .

Confirm Password : reenter your password.

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District : Click the

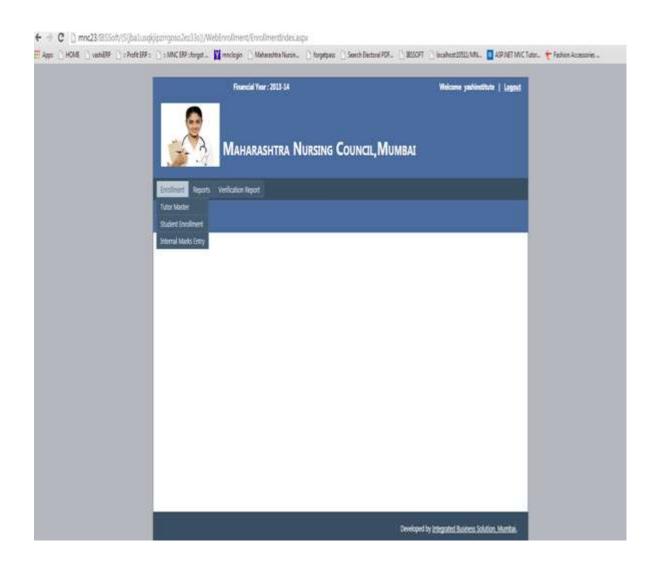
Institute Type :Enter your Institute type like government, semi government and others.

Upload Documents : Upload Essentiality Certificate, Suitability Certificate ,MNC Permission, Government **Resolution**.

Create Account Button: Click on Create Account button to register with Nursing Council for academic year 2014-15. Please Note your Username and Password for future reference. You can also check your institute email Id for username and Password registered with MNC council.

After Creating New Account, User should login by new Username and Password with the perticular course Name.

| - | | | |
|------------------------------------|-------------------------|---------------------|--|
| INSTITUTE LOGIN | | | |
| | | *Mandatory | |
| Year | 2014-15 | • | |
| Course Name | REVISED AUXILLARY NURSE | MIDWIFERY (FH · | |
| Usernäme | dgrafi | | |
| Password | | | |
| | LOGIN BACK | | |
| Change Password | Create Account | | |
| For Academic Year 2014-15 Every In | state Shoo | ogin For Enrollment | |



Important Note Before going for 'Student Enrolment' and 'Internal Marks Entry':

Follow the below mentioned steps:

Step1: Add the Tutor/Principle name by clicking on 'Tutor Master' menu.

Step2: Go for 'Student Enrolment' or 'Internal Marks Entry' after submitting tutor/principle name.

Step3: Go to the report menu, Click on student enrolment report , take the print of student enrolment report, declaration signed and stamped by principal and send hard copy of report to the council by post.

Tutor Master:

In Tutor Enrollment Menu Institute user fill up all information for Tutor and also do the searching, Deleting, Editing functionality.

| | l Year : 2013-14 | | | Welcome yashinstitute | |
|---|---|---|---|---|---------------|
| | | | | | |
| nrolment Reports Veri | fication Report | | | | |
| nomer ngan ver | economic response | TO | or Master | | |
| | | 100 | | | |
| | | | | and the second se | latory Fields |
| Acadmic Year | 2013-14 | | State | historical states in the | • |
| Registration Category | XVII * 1024 | | Receipt Na | 72117 | |
| Registration No. | | | Receipt No | 2 | -0 |
| Salutation | MR | - | Last Name | Patil | |
| First Name | Horsho REVISED AUXILLARY | NHI Y | Middle Name | Ganesh Clinical Nursing - 1 | - |
| Course Name | And the second descent second s | NUT . | Subject | Encounter) in resource Encount | - |
| Birth Date | 22/07/1986 | | Emilial ID | harsha1233gmail.com | - |
| Designation | Sr. Tutor | • | Total Teaching Experience | 4 | |
| Speciality | Medical Surgical Nurs | sing • | Qualification | Bacherlor Of Science Nu | •]• |
| Last Nursing School Name | BHP institute pune | _ | PAN/Adhar Card No. | 4554874547 | |
| Subject Experience | 2 | | Experience as on Date | 20/08/2014 | |
| Appointment Date | 23/08/2014 | * | Created Date | 23/08/2014 | |
| BWIIng To be Examiner | | | | | |
| Willing To Oral Examiner | | | | | |
| Willing To paper Assessm | and . | | | | |
| Photo Identity | | Choose Fr | le No file chosen * | No File Enclosed. | |
| Parent State Registration cer | shate | Choose Fil | e No Re chosen - | No Fre Endored. | |
| State Nursing Council, Regis | tration certificates | Choose Fr | le. No file chosen | No File Enclosed. | |
| School Appointment Letter | | Choose Fi | le No file chesen . | No File Enclosed. | |
| STREET, | | Save | Cancel | | |
| | | and the second se | and the second se | | |

All the fields marked with an asterisk (*) sign are compulsory/mandatory to be filled

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Academic Year : Click the icon to view the years under the drop down box.Select a suitable option.

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|---|---|---|---|---|
| I | | - | • | L |
| Ŀ | - | | _ | |

State : Click the icon to view the all state under the drop down box.Select a suitable option.

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Registration Category: Click the icon to view the Registration Category under the drop down box. Select a suitable option.

After the select the Registration Category ,Enter the Registration No. in Text Box.

Student Enrollment Entry:

For Save Student Information:-

| | Financial Year : 2014-15 | | | | Welcome M235PAD | 23 Logou |
|--------------------------|--------------------------|-----|--------------------|-------|-----------------|--------------|
| Enrollment Reports Verif | cation Report | N | Aaharashtra N | lursi | ng Council, | |
| | Stuc | len | t Enrollment | | | |
| | | | | | | Mandatory Fi |
| Academic Year | 2014-15 | •) | Sex | | Female | • - |
| Course Name | REVISED GENERAL NUR: * | 103 | Exam Name | 14 | REVISED GENERAL | NUR: * |
| Student Capacity | : 80 | Ī | Remaining | 4 | 51 | |
| Enrolment No. | | | Marital Status | | Single | • |
| District | Chandrapur 🔹 | • | Taluka | | Chandrapur | • |
| Maiden Last Name | |]- | Maiden First Name | | | - |
| Maiden Last Name | | 27 | Maiden First Name | 1 | 7 | |
| Maiden Middle Name | | - | | | | |
| Married Last Name | | - | Married First Name | 1 | | |
| Married Middle Name | = | - | | | | |
| Mother Name | | į. | Date Of Birth | 3 | | |
| Religion | Hindu | - | Caste | 1 | Open | • |
| Phone No | | - | Email ID | | | * |
| Address | 12 | | Addmission Date | 1 | | |
| | | - | | | 9 | |
| Medium | English • | * | HSC Marks | 3 | | |
| Out Of | F | • | Year Of Passing | 3 | Select | 1. |
| Previous Qualification | | | Stream | -B- | Select | 18 |

| loard | | | | Select | | Other State | 2 | | 3 |
|-----------|------------|------|--------|---------------------------------|--------------------|------------------------|---------------------------|--------|-------------|
| rested D | Date | | | 09/10/201 | 4 | | | | |
| ate Enro | ilment | | | : No Yes | ð | | 0 | | |
| latration | , | | | | | | Ĩ | | |
| ipload Pl | hoto : | | | Upload only jpg/ Choose File | | | Upload Photo | | |
| ISC Certi | ificate | | | Î | | Choose File No file of | thosen • | | |
| H.S.C. Cr | ertificate | | | 6 | | Choose File No file of | hosen * | | |
| .eaving (| Certificat | e | | e | | Choose File No file of | hosen * | | |
| Varraige | Certifica | ite. | | | | Choose File No file o | hosen * | | |
| Search : | Sele | ect | | • | | Save Cancel | Delete | Reset | |
| Sr. | View | Edit | Delete | Enrollment | No Academi Year | e Name | Course Name | Sex | HSC Mark |
| No. | | | 1.1 | 2014-15/235 | 2014-15 | KAVITA SHARAD KALE | REVISED GENERAL NURSING & | Female | 77 |
| No. | 0 | e | | 2/4746 | | CONTRACTOR CONTRACTOR | MIDWIFERY | 10000 | 225 |

User Manual For Online Enrollment System

Upload Documents:

1)First Choose the file to upload.

2)Click upload Button to upload file.

Search Record:

| Co | lame ourse Nai ex | ne | < | | ave: Cancel | | | |
|----|-------------------------|----|---|----|-------------|----------|-------|--|
| HS | SC Marks | | - | JY | | 3 Delete | Reset | |

1)Select Search Criteria from Dropdown

2)Fill details in textbox directed in no. 2, enter details such as course name ,Enrolment number Etc.

3)Hit search image as shown in number 3 to search record.

For Update Student Information:-

| <u> </u> | Financial Year : 2014-15 | | Welcome Ide | alnuming <u>Logou</u> |
|---------------------------|--|---------------------------------------|--|-------------------------|
| | | M | aharashtra Nursin | IG (|
| Enrollment Reports Verifi | cation Report | | | |
| | Sti | udent Enrollment | | |
| | | | | * Mandatory Fie |
| Azademic Yeat | 2014-15 | • - See | Female | · · · |
| Course Name | | Exam Name | REVISED AUX | |
| Student Capacity | 40 | Remaining | 20 | |
| Enrolment No. | 2014-15/36/ 67/228 | Marital Status | Single | |
| District | Sindhudurg | • - Taluka | Kankavali | |
| Maiden Last Name | sapale | Maiden First Name | deepali | |
| Maiden Middle Name | pandhrinath | | 1. | |
| Married Last Name | | Marned First Nam | | |
| Married Middle Name | | - | | |
| Nother Name | pranali | - Date Of Birth | 03/11/1996 | - |
| Religion | Hindu | Ceste | Open | |
| Phone No | 9890520888 | Email ID | bapat.kinjawa | dekar@yaboo |
| | a/p harkul budruk tal | | | |
| Address | kankavli dist sindhudurg | Addmission Date | 30/09/2014 | + |
| Medium | Marathi | HSC Marks | 403 | + |
| Dut Of | 650 | Year Of Passing | 2014 | |
| Previous Qualification | 12th pass | Stream | Arts | • |
| | Maharashtra | - CACLER | and a | |
| loard | and a second | Other State | | |
| Seated Date | 30/09/2014 | | | |
| até Enrollment | : The Oves | | | |
| Varration | | | | |
| Upiosed Photo : | Upload only jpg/png images | | Uplead Photo | 9 |
| | Choose File No file chosen | (*) | img2021pg | 1 the |
| SSC Certificate | | Choose File No fil | le chosen SSC out | |
| H.S.C. Certificate | | Choose File No fil | e chosen * HSC.pdf | |
| Leaving Certificate | | Choose File No fil | le chosen "LIVING.paf | |
| | | Choose File No fil | e chosen "No File Enclose | ect. |
| Marraige Certificate | Update Record By clicking Update | pdate Cancel | | |
| | button | | | |
| earch :Select | • | - | Delete | teset |
| Sr. View Edit Dek | ete 🔲 Enrollment No 🛛 Academic Year | Name | Course Name | Sex HSC Marks |
| 1 0 8 0 | 1 1 2014-15/36/ 67/228 2014-15 | deepali pandhrinath sapale | REVISED AUXILLARY NURSE MIDWIFERV (FHW) | Fensale 62 |
| - relieve firms firms | 2014-15/36/ | sonali siddharth | REVISED AUXILLARY NURSE MIDWIFERY | transmin anno |

Internal Marks Entry:

| Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To : 5446 Student name : SHILPA BHIMRAO PAIKRAO Selected Seat No : 5429 Pri No. : 2013/517/67/20 Name Of Tutar / Principle : Kumar goudo patil • Date of birth : 13/11/1989 If students absent for all subject then check absent checkbox Sr. Subject Name Marks INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 Enter Internal 0 2 HEALTH PROMOTION | Exam Type June/July (REGULAR) Exam Type June/July (REGULAR) Exam Name REVISED AUXILLARY NUI Exam Center YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL. Seat No from S429 Seat No To S446 Student name SHILPA BHIMRAO PAIKRAO Selected Seat No Selected | Exam Type June/July (REGULAR) • Exam Name REVISED AUXILLARY NUI • • Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To : 5446 Student name : SHLPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prin No. : 2013/517/67/20 Name Of Tutor / Principle : Jumar goudo patil • Date of birth : 13/11/1969 If students absent for all subject then check absent checkbox Soc Subject Name Marks Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 HEALTH PROMOTION I Enter Internal Marks 0 HEALTH PROMOTION I Enter Internal Marks 0 PRIMARY HEALTH CARE NURSING 13 23 COMMUNITY HEALTH NURSING AND H S0 100 0 | State June/July (REGULAR) • Exam Name REVISED AUXILLARY NUL • Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL. : : Seat No from : 5429 Seat No To : Student name : SHLIPA BHIMRAO PAIKRAO : : Selected Seat No : S429 Pm No. : Selected Seat No : S429 Pm No. : Vame Of Tutar / Principle : ! ! Absent If students absent for all subject then checkbox : ! Soldert name : . . : 1 COMMUNITY HEALTH NURSING 13 25 . 2 HEALTH PROMOTION | Exam Type June/July (REGULAR) Exam Name REVISED AUXILLARY NUI * Exam Center : YASH INSTITUTE OF NURSING, ATHORI BAZAR, YAVATMAL Seat No from : 5429 Seat No To Student name : SHLPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prin No. Selected Seat No : 5429 Prin No. Student name Of Tutor / Principle : Sumar gouda patil • Date of birth if students absent for all subject then : 09/09/2014 | | | and distant an excelored | | | | | | |
|--|--|--|---|--|---------|-----------------------------|--------------------------|----------------|-------------|-------|-----------------|----------------------------------|--------|
| Seat No from : 5429 Seat No To : 5446 Student name : SHILPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prn No. : 2013/517/67/20 Name Of Tutor / Principle : Kumar gouda patil · Date of birth : 13/11/1989 If student not attend any subject : Absent if students absent for all subject then check absent checkbox Sr. Subject Name Marks Note: Subject Name Marks Subject Absent 1 COMMUNITY HEALTH NURSING 13 25 0 2 HEALTH PROMOTION I Enter Internal Marks 0 4 COMMUNITY HEALTH CARE NURSING 13 25 0 Community HEALTH NURSING 13 25 0 Community HEALTH CARE NURSING 15 100 0 Community HEALTH CARE NURSING 15 100 0 Community HEALTH CARE NURSING 15 100 0 Community HEALTH CARE NURSING 1 | Seat No from 5429 Seat No To 5446 Student name 5HILPA BHIMRAO PAIKRAO Selected Seat No 55429 Prn No. 2013/517/67/20 Name Of Tutor / Principle Future goude patil • Date of birth 13/11/1969 If student not attend any subject If students absent for all subject then check absent checkbox Sr. Subject Name Marks Marks Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 0 If students absent for one subject 1 2 HEALTH PROMOTION If students absent for one subject 1 | Seat No from 5429 Seat No To 5446 Student name SHILPA BHIMRAO PAIKRAO Selected Seat No 5429 Pro No. 2013/517/67/20 Name Of Tutor / Principle Fisture and any subject for all subject then check absent for all subject then check absent checkbox Sr. Subject Name Mainter Marks 09/09/2014 COMMUNITY HEALTH NURSING 12 25 0 If students absent for all subject then check absent checkbox A representation of the subject Name Marks 0 Internal Marks 0 Internal Marks 0 If students absent for one subject to check the absent checkbox A representation of the subject Name 12 COMMUNITY HEALTH NURSING 13 23 0 If students absent checkbox A representation of the subject Name 12 COMMUNITY HEALTH NURSING 13 23 0 Internal 0 If students absent checkbox A representation of the subject to check the absent checkbox | Seat No from : :5429 Seat No To :5446 Student name : :SHILPA BHIMRAO PAIKRAO Selected Seat No : :5429 Prn No. : :2013/517/67/20 Name Of Tutor / Principle : :umar goude patil · Date of birth : :B711/1989 # student not attend any subject · If students absent for all subject then check absent checkbox : 57. No. :Subject Name Marks Subject Absent 1 COMMUNITY HEALTH NURSING 13 25 0 If students absent for one subject the 2 HEALTH PROMOTION I Enter Internal Marks 0 If students absent for one subject the 3 PRIMARY HEALTH CARE NURSING 13 25 0 If students absent for one subject the 3 PRIMARY HEALTH NURSING AND H 50 100 0 If students absent checkbox | Seat No from : 5429 Seat No To : 5446 Student name : SHILPA BHIMRAO PAIKRAO Selected Seat No : 5429 Prn No. : 2013/517/67/20 Name Of Tutor / Principle : Bumar gouda patil Date of birth : 13/11/1989 if students absent for all subject then : 09/09/2014 | | | | REVISED AUXILL | Exam Name | AR) • | June/July (REGU | Type | Exam 1 |
| Name Of Tutar / Principle # student not attend any subject Sr. No: Subject Name Marks Marks Subject Name Marks Subject Name Marks Subject Absent (check absent checkbox INTERNAL MARKS INTERNAL INTER | Name Of Tutor / Principle Using gouda patil Date of birth 13/11/1989 5 student not attend any subject. Sr. Subject Name Marks Marks Diversion Marks Subject Absent Check absent for all subject then Check abs | Name Of Tutor / Principle # student not attend any subject St dudents absent for all subject then check absent checkbox St Subject Name Marks 1 COMMUNITY HEALTH NURSING 2 HEALTH PROMOTION 3 PRIMARY HEALTH CARE NURSING 4 COMMUNITY HEALTH NURSING AND H 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 5 CHILD HEALTH NURSING (PRACTICA 5 CHILD HEALTH NU | Name Of Tutar / Principle # student not attend any subject Sr. Subject Name Absent If students absent for all subject then check absent checkbox COMMUNITY HEALTH NURSING HEALTH PROMOTION HEALTH PROMOTION HEALTH PROMOTION HEALTH PROMOTION HEALTH CARE NURSING COMMUNITY HEALTH NURSING AND H SO COMMUNITY HEALTH NURSING (PRACTICA) COMMUNITY HEALTH | Name Of Tutor / Principle Subject If students absent for all subject then 09/09/2014 | | | | : 5446 | | Se | : 5429 | o from | Seat N |
| check absent checkbox Sr. No. Subjed Name Minimum Marks INTERNAL MARKS Subjed Absent 1 COMMUNITY HEALTH NURSING 13 25 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 0 0 3 PRIMARY HEALTH CARE NURSING 13 25 0 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 | Sr. No. Subject Name Marks Marks INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 12 25 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 If students absent for one subject to | Subject Name Minimum INTERNAL MARKS Subject Alzent Sr. Subject Name Marks Marks INTERNAL MARKS Subject Alzent 1 COMMUNITY HEALTH NURSING 13 25 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 0 0 3 PRIMARY HEALTH CARE NURSING 13 25 0 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 0 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 0 | check absent checkbox Sr. No. Subject Name Minimum Maxis INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 13 25 0 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 0 0 0 3 PRIMARY HEALTH CARE NURSING 13 25 0 0 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 0 0 5 CHLD HEALTH NURSING (PRACTICA 50 100 0 0 0 | | | | | | | | | | |
| No. Subject Name Marks Marks INTERNAL MARKS Subject Alsemination 1 COMMUNITY HEALTH NURSING 13 25 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 0 0 3 PRIMARY HEALTH CARE NURSING 13 25 0 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 0 | No. Subject Name Marks Marks INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 13 25 0 | No. Subject Name Marks Marks INTERNAL MARKS Subject Absent 1 COMMUNITY HEALTH NURSING 13 25 0 0 2 HEALTH PROMOTION Enter Internal Marks 0 0 0 3 PRIMARY HEALTH CARE NURSING 13 25 0 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 0 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 0 | No. Subject Name Marks Marks INTERNAL MARKS Subject Alzent 1 COMMUNITY HEALTH NURSING 13 25 0 0 0 2 HEALTH PROMOTION If students absent for one subject to the check the absent checkbox 0 0 0 3 PRIMARY HEALTH NURSING AND H 50 100 0 0 0 5 CHED HEALTH NURSING (PRACTICA 50 100 0 0 0 | | | | /2014 | : 09/09/ | 1 | | | ent not attend any subject | f stud |
| 2 HEALTH PROMOTION 3 PRIMARY HEALTH CARE NURSING 4 COMMUNITY HEALTH NURSING AND H 50 100 0 | 2 HEALTH PROMOTION Enter Internal Marks I If students absent for one subject to | 2 HEALTH PROMOTION 3 PRIMARY HEALTH CARE NURSING 4 COMMUNITY HEALTH NURSING AND H 5 CHILD HEALTH NURSING (PRACTICA | 2 HEALTH PROMOTION 3 PRIMARY HEALTH CARE NURSING 4 COMMUNITY HEALTH NURSING AND H 5 CHED HEALTH NURSING (PRACTICA | | | ct Absent | Subject Absent | NTERNAL MARKS | | | ct Name | Subjec | |
| 2 HEALTH PROMOTION Marks 0 If students absent for one subject check the absent checkbox 3 PRIMARY HEALTH CARE NURSING 13 25 0 If students absent checkbox 4 COMMUNITY HEALTH NURSING AND H 50 100 0 If students absent checkbox | 2 HEALTH PROMOTION Marks I fstudents absent for one subject t | 2 HEALTH PROMOTION Marks 0 If students absent for one subject to check the absent for one subject to check the absent checkbox 3 PRIMARY HEALTH CARE NURSING AND H 50 100 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 | 2 HEALTH PROMOTION Marks 0 If students absent for one subject to check the absent checkbox 3 PRIMARY HEALTH CARE NURSING AND H 50 100 0 4 COMMUNITY HEALTH NURSING AND H 50 100 0 5 CHED HEALTH NURSING (PRACTICA 50 100 0 | | | | | | No. | 13 | RSING | COMMUNITY HEALTH NUR | 1 |
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| 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 | 4 COMMUNITY HEALTH NURSING AND H 50 100 0 | | | 4 COMMUNITY HEALTH NURSING AND H 50 100 0 | | | Ð | | 100 0 | 50 | RSING AND H | COMMUNITY HEALTH NUR | 4 |
| | 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 | 6 CHED HEALTH NURSING 13 25 0 | 6 CHED HEATTH MIREING 12 25 0 | 5 CHILD HEALTH NURSING (PRACTICA 50 100 0 | | 0 | 0 | | 100 0 | 50 | PRACTICA | CHILD HEALTH NURSING (| 5 |
| | 6 CHILD HEALTH NURSING 13 25 0 0 | | | 6 CHILD HEALTH NURSING 13 25 0 | | 0 | 8 | | | | _ | CHILD HEALTH NURSING | 6 |
| Previous Next Save Delete Cancel | | Previous Next Save Delete Cancel | Previous Next Save Delete Cancel | | | | | Cancel | B Delete Ca | t Sav | Previous No | | |
| | | | | | | | | Cancel | 25 0 | 13 | | Concernence of the second second | |

FAQ:

How to search record of particular student by seat number?

Enter the seat number of student in 'Selected Seat No' field and click any ware outside the textbox.

How to enter marks of repeater students?

Institute can enter marks of fresher student only using online enrolment system, Marks of repeater student have to send to council in the form of Hard Copy by post.