

# STATEMENT OF INTERNSHIP MARKS CARD OF DIPLOMA IN NURSING EXAMINATION

SCHOOL EXAMINATION during February / August \_\_\_\_\_

Name of the School / Institution:  
With full Address

Sl. No.	Name of the Student	Register No.	Month & year of Completion of the Course	Marks Scored								Remarks	
				Period of Internship training under goes		Paper – I Educational Methods & Media for teaching in Practice of Nursing and Research in Nursing		Paper – II Professional Trends & adjustment and administration and ward management & Health Economics		Practical Evaluation			
						From	To	Assessment for 6 months 50 marks	School Examination 50 marks	Assessment for 6 months 50 marks	School Examination 50 marks		Assessment for 6 months 50 marks

Note: Minimum 50% marks to be scored to pass in each Theory paper & Practical.

Signature of the Class Co-Ordinator  
(Name in Capital letters)

Signature of the Principal with Seal  
(Name in Capital letters)