

NAME OF THE NURSING SCHOOL
(ADDRESS)

PROVISIONAL CERTIFICATE

This is to Certify that Smt./Shri _____ son/daughter
of _____ has completed the Diploma Course as prescribed by I.N.C. /K.N.C.in General Nursing & Midwifery held from
_____ to _____ and has passed the examination in the month of _____ conducted by “KARNATAKA STATE
DIPLOMA IN NURSING EXAMINATION BOARD”, Bangalore with Register No. _____ at the
_____.(NAME OF THE SCHOOL)

She/He has successfully completed internship training fromto

She/He is eligible to practice as Nurse/Midwife.

PLACE:

PRINCIPAL

CHAIRMAN/SECRETARY

DATE:

SCHOOL OF NURSING.