

Issue No: 43065

CTEVT Registration No: SN-19291-11

COUNCIL FOR TECHNICAL EDUCATION & VOCATIONAL TRAINING
OFFICE OF THE CONTROLLER OF EXAMINATIONS
SANOTHIMI, BHAKTAPUR, NEPAL



Certificate

Office of the Controller of Examinations
Nepal

This is to certify that **Ritu B.K.** has passed
the **Proficiency Certificate Examination in Nursing of the Year**
2014 in First Division.

Symbol No. : 122900

Year of Completion: 2014

Prepared by:

[Signature]

Checked by:

[Signature]

SK. Bhakal
Controller of Examinations

Date of Issue: 08 December 2014



COUNCIL FOR TECHNICAL EDUCATION & VOCATIONAL TRAINING OFFICE OF THE CONTROLLER OF EXAMINATIONS

SANOTHIMI, BHAKTAPUR, NEPAL

Academic Transcript



Name of the Student : Ritu B.K.

Institute/College : Devdaha Medical College & Research Institute

Devdaha, Rupandehi

Programme : Nursing

Level : Proficiency Certificate

Course Duration : 3 Academic Years

Course Duration : 5 Academic Years												
SN	Subjects	Full Marks			Pass Marks			Marks Secured			Remarks	
	First Year	Int	Ext	Total	Int	Ext	Total	Int	Ext	Total		
1	Nepali	20	80	100	8	32	40	12	41	53		
2	English	20	80	100	8	32	40	12	61	73		
3	Integrated Science Related to Health	20	80	100	8	32	40	13	46	59		
4	Fundamental of Nursing (Th)	20	80	100	8	32	40	13	57	70		
5	Fundamental of Nursing (Cl)	50	50	100	25	25	50	43	39	82		
6	Community Health Nursing I (Th)	20	80	100	8	32	40	13	60	73		
7	Community Health Nursing I (Cl)	75	25	100	37.5	12.5	50	66	20	86		
	Total			700						496.00		

SN	Subjects	Full Marks			Pass Marks			Marks Secured			Remarks
		Int	Ext	Total	Int	Ext	Total	Int	Ext	Total	
	Second Year										
1	Nepal Parichaya	10	40	50	4	16	20	8	20	28	
2	Behavioural Science	10	40	50	4	16	20	7	33	40	
3	Adult Nursing I (Th)	20	80	100	8	32	40	16	58	74	
4	Adult Nursing II (Th)	20	80	100	8	32	40	15	71	86	
5	Adult Nursing I & II (CI)	150	150	300	75	75	150	140	137	277	
6	Community Health Nursing II (Th)	20	80	100	8	32	40	16	71	87	
7	Community Health Nursing II (CI)	75	25	100	37.5	12.5	50	63	20	83	
8	Nursing Care of Children (Th)	20	80	100	8	32	40	15	53	68	
9	Nursing Care of Children (CI)	50	50	100	25	25	50	40	48	88	
	Total			1000						831.00	

831.00											
SN	Subjects	Full Marks			Pass Marks			Marks Secured			Remarks
	Third Year	Int	Ext	Total	Int	Ext	Total	Int	Ext	Total	
1	Midwifery & Gynecological Nursing I (Th)	20	80	100	8	32	40	13	60	73	
2	Midwifery & Gynecological Nursing I (Cl)	50	50	100	25	25	50	45	44	89	
3	Midwifery & Gynecological Nursing II (Th)	20	80	100	8	32	40	12	71	83	
4	Midwifery & Gynecological Nursing II (Cl)	50	50	100	25	25	50	41	44	85	
5	Midwifery & Gynecological Nursing III (Th)	20	80	100	8	32	40	15	58	73	
6	Midwifery & Gynecological Nursing III (Cl)	50	50	100	25	25	50	46	44	90	
7	Leadership & Management (Th)	20	80	100	8	32	40	14	55	69	
8	Leadership & Management (Cl)	75	25	100	37.5	12.5	50	63	20	83	
Total				800						645.00	

First Year		Second Year		Third Year	
Year	Symbol No.	Year	Symbol No.	Year	Symbol No.
2012	3033	2013	8800920	2014	122900

Grand Total : 1972.00

Percentage : 78.88%

Division : First

Year of Completion: 2014

Grading System:

Distinction - 80 percent and above in the aggregate.

First Division - 65 percent and above in the aggregate.

Second Division - 50 percent and above in the aggregate.

To pass the exam, at least 40% of the marks must be secured in theory & 50% in clinical examinations.

NOTE: * means a student has passed in the second attempt.

** means a student has passed in more than two attempts.

Date of Issue : 08 December 2014

Prepared by

Checked by

SH. Dhakal
Controller of Examinations

Issue No: 43065

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OFFICE OF THE CONTROLLER OF EXAMINATIONS
SANOTHIMI, BHAKTAPUR, NEPAL



Migration Certificate

Ritu B.K. has passed the Proficiency Certificate Examination in Nursing and is informed that the Office of the Controller of Examinations has no objection to his/her joining any other Institution or University.

Symbol No. : 122900

Year of Completion: 2014

Prepared by:

Checked by:

Sh. Dhakal
Controller of Examinations

Date of Issue: 08 December 2014

CGFNS International, Inc. | 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 USA | +1 (215) 222-8454 | www.cgfns.org

Applicant: *Please sign, date and send this form to your professional school (or where your Academic Records / Transcripts are archived) to have an authorized official complete the remaining information.

Current Name:	Ritu BK		
Name When Attended School (if Different):	RITU BK		
Other Names:			
Name of School:	DEVDAHA MEDICAL COLLEGE AND RESEARCH INSTITUTE PVT. LTD		
Dates of Attendance:	November 2011	to	September 2014
	Date of Birth:	April 5, 1995	
Email:	bkritu2@gmail.com		Telephone:
Mailing Address:	P.O Box 4154 Kathmandu, 44602-NEPAL		

I, Ritu BK, hereby give my consent to DEVDAHA MEDICAL COLLEGE AND RESEARCH INSTITUTE PVT. LTD to provide CGFNS International, Inc. the requested information with supporting nursing education documents.

*Applicant Signature:	<u>Ritu</u>	*Date Signed:	Month (Jan, Feb, Mar,)	Day	Year
			October	29	2021

Attention: This is a customized form for use only by the *applicant* and **Institution identified** below. Do not duplicate this form for any other applicant or institution.

Questions?: Contact CGFNS International at +1 (215) 222-8454 Monday through Friday from 9:30 am to 3:00 pm (EST).

Ritu BK | DEVDAHA MEDICAL COLLEGE AND RESEARCH INSTITUTE PVT. LTD

Request for Academic Records / Transcripts
Order # 3408563

Please provide specific theory and clinical hours for all nursing domains and subject areas listed below. Please DO NOT combine the nursing domains or subject areas. If they are combined in your curriculum, estimate the theory and clinical hours in each nursing domain and each subject area.

Nursing Domains		Theory Hours Attained	*Clinical Hours Attained	Independent Coursework or Integrated Coursework? (Circle One Per Row)		Clinical Education Occurred: (Instructions below)			
1	Adult – Medical Nursing			Independent	Integrated	1	2	3	4
2	Adult – Surgical Nursing			Independent	Integrated	1	2	3	4
3	Maternal/Infant (excluding Gynecology)			Independent	Integrated	1	2	3	4
4	Nursing Care of Children			Independent	Integrated	1	2	3	4
5	Psychiatric/Mental Health (excluding Neurology)			Independent	Integrated	1	2	3	4

Subject Areas		Theory Hours Attained	*Clinical Hours Attained	Independent Coursework or Integrated Coursework? (Circle One Per Row)		Clinical Education Occurred: (Instructions below)			
1	Community Health Concepts			Independent	Integrated	1	2	3	4
2	Geriatric Nursing (Gerontology)			Independent	Integrated	1	2	3	4
3	Physical Assessment			Independent	Integrated	1	2	3	4
4	Anatomy and Physiology (including Body Structure and Function)								
5	Ethical Considerations								
6	Health Counseling								
7	Human Growth and Development Throughout the Lifespan								
8	Interpersonal Relationships								
9	Leadership in Nursing								
10	Legal Aspects in Nursing								
11	Personal and Family Health Concepts								
12	Nutrition								
13	Pharmacology and Administration of Medications								
14	Professional Roles & Functions								

Instruction Box

Answers are required for each question outside of this instruction box.

DO NOT LEAVE ANY BLANKS.

Enter N/A if not applicable.

Instructions
Circle one number per row to show when the Clinical Education Occurred
1: Same Semester as Theory
2: Within six (6) months of Theory
3: More than six (6) months after Theory
4: By end of Program

* Do not include classroom education, laboratory, simulation, and planned clinical conferences (ward teaching) hours. CGFNS International must have the breakdown of theory hours and applicable clinical hours for all nursing domains and subject areas.

Evidence of Instruction in Required Settings	Circle One Per Row	
Patient Care Environment		
Acute	Yes	No
Community	Yes	No
Long-Term Care	Yes	No
Simulation		
Acute	Yes	No
Community	Yes	No
Long-Term Care	Yes	No

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Request for Academic Records / Transcripts
Order # 3408563

To School Official,

- 1. Complete all areas on this form. All documents must have a certified English translation (if not in English).
- 2. **Attach an official Academic Record / Transcript** of this applicant's nursing education. This is the official documentation or record of this applicant's courses, credits / clock hours, grades achieved, theory and laboratory hours, and clinical practice hours, and credentials earned. If document is not in English, also include a certified English translation.
- 3. Place the school's official seal / stamp over the flap of the school's envelope (marked **with a return address**) that contains the completed form and requested documents.
- 4. Send via postal mail (preferably trackable) to:

CGFNS International, Inc.
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
USA

Student Name When Attended:		Student Date of Birth:	
		Month (Jan, Feb, Mar, ...)	Day
			Year
School Name When Student Attended:			
Current School or Authority Name Where Academic Records / Transcripts are Archived (if different name):			
Current School Street Address (P.O. Box, if needed):			
City:	State / Province:	Postal Code:	Country:
School Telephone Number:		School Web Address:	
School Registrar Contact Email:		School Registrar Fax Number:	

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Request for Academic Records / Transcripts
Order # 3408563

School Official, please complete all areas:

Language in which Student was Instructed		Textbook Language of Student's Program / Course of Study:			
Course of Study (e.g., Nursing / Practical / Psychiatric / Midwifery):		Name of Certificate / Diploma / Degree Obtained in Original Language:			
Program Type (Mark only one):					
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Baccalaureate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Other (specify):					

Attendance Dates:				Did the Applicant Complete the Program? (Mark only one):		
Month (Jan, Feb, Mar, ...)	Year	to	Month (Jan, Feb, Mar, ...)	Year	<input type="checkbox"/> Yes – Did Complete	<input type="checkbox"/> No – Did Not Complete

Was this School Accredited or Government Approved When Student Completed the Courses or Graduated?	If Yes, Name of Organization that Accredited or Approved this School:	
(Mark only one): <input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, Initial Date School was Accredited or Approved:	If Yes (and renewed) , Last Date School was Renewed Accredited or Approved:				
Month (Jan, Feb, Mar,)	Day	Year	Month (Jan, Feb, Mar,)	Day	Year

Was this Nursing Education Program Accredited or Government Approved When Student Completed the Courses or Graduated?	If Yes, Name of Organization that Accredited or Approved this Nursing Education Program:	
(Mark only one): <input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, Initial Date Nursing Education Program was Accredited or Approved:	If Yes (and renewed) , Last Date Nursing Education was Renewed Accredited or Approved:				
Month (Jan, Feb, Mar,)	Day	Year	Month (Jan, Feb, Mar,)	Day	Year

I (an authorized school official) hereby attest that the information provided on this form is accurate and the enclosed Academic Records / Transcripts accurately states the courses taken by Ritu BK. Please sign, print name, date and PLACE OFFICAL SEAL / STAMP BELOW (without a signature, printed name, title, date signed and official school seal / stamp these documents will not be accepted).

School Official Signature:	Month (Jan, Feb, Mar,)	Day	Year
Print Name of School Official:	School Official Title:		

Place School Authority's
Seal / Stamp anywhere in this box.

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