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

SANOTHIMI, BHAKTAPUR, NEPAL





Certificate

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: Lough

SH. Dhaled FW Controller of Examinations

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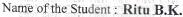
Date of Issue: 08 December 2014



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

SANOTHIMI, BHAKTAPUR, NEPAL

Academic Transcript



Institute/College

: Devdaha Medical College & Research Institute Nepai Devdaha, Rupandehi svi čievi č

Programme : Nursing

Level : Proficiency Certificate

Course Duration: 3 Academic Years

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3	Midwifery & Gynecological Nursing II (Th)	20	80	100	CT &	32	40	12	TEVT_STEVT	CHEVI O'SEVI O	EAL CLEAL
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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

COUNCIL FOR TECHNICAL EDUCATION & VOCATIONAL TRAINING 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:

Prepared by:

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Ste. Chakal

TOTAL STEEL CHARLES CARVE CLEVE

Date of Issue: 08 December 2014



Request for Academic Records / Transcripts Order # 3408563

3600 Market St suite 400, Philadelphia, PA 19104 www.cgfns.org

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 MEDIC	AL C	OLLEGE AND RESE	EARCH 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-	-NEP	AL			

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:	Dillar		Month (Jan, Feb, Mar,)	Day	Year
Appreant Signature:	RITY	*Date Signed:	october	29	202

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				Occ	urrec	ation i: 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 or Integ Course (Circle One	grated work?		Occ	Educ urred ons b	
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)				The state of the s				
5	Ethical Considerations		5						
6	Health Counseling		S			Ins	tru	ctic	ons
7	Human Growth and Development Throughout the Lifespan		nstruction Answ question DO N	Instructions Circle one number per row to show when the Clinical					
8	Interpersonal Relationships		questio	ers are required to outside of this i	nstruction				urred
9	Leadership in Nursing	=	box.		1: Same		neste	r as	
10	Legal Aspects in Nursing	O DON	OT LEAVE ANY B	LANKS.	Theo		(6) m	onths	
11	Personal and Family Health Concepts		⊃ Ent	er N/A if not appli	cable	of Th	eory		
12	Nutrition		\Box	Julie.	3: More			6) neorv	
13	Pharmacology and Administration of Medications		30x			4: By er			

* 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 Row	One Per			
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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Ritu BK | DEVDAHA MEDICAL COLLEGE AND RESEARCH INSTITUTE PVT. LTD
Order #: o3408563 | Doc ID #: DS2005052 | July 14, 2021 | Rev J:Dec. 2020 | Page 3 of 4
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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.
- Send via postal mail (preferably trackable) to:

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

Year

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Order #: o3408563 | Doc ID #: DS2005052 | July 14, 2021 | Rev J:Dec. 2020 | Page 2 of 4
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Request for Academic Records / Transcripts Order # 3408563

Language in which Student was	-	areas:	Textbook Langua	ge of Student	's Program / Cours	se of Study:	
						or Orang.	
Course of Study (e.g., Nursing /	Practical / Psychia	tric / Midwifery):	Name of Certifica	te / Diploma /	Degree Obtained	in Original Langua	ge:
Program Type (Mark only one):							
☐ Diploma	☐ Certificate	Associate Degree	☐ Baccalaureate's I	egree 🗌	Master's Degree	☐ Doctorate	
Other (specify):							
Attendance Dates: Month (Jan, Feb, Mar,) Ye	ear	Month (Jan, Feb, Mar,)	Year	Did the App	licant Complete th	e Program? (Mark o	aly one):
	to				Yes - Did Complete	□ No − Did No	
Was this School Accredited or C Completed the Courses or Grad	Government Approvated?	ved When Student	If Yes, Name of O	rganization	hat Accredited or	Approved this School	ol:
(Mark only one):	☐ Yes	□ No					
If Yes, Initial Date School was Month (Jan, Feb, Mar,)	Accredited or App	roved: Year	If Yes (and renewed Month (Jan, Feb	ed) , Last Dat , Mar,)	e School was Rei	newed Accredited or Year	Approved:
Was this Nursing Education Pr Approved When Student Comple	ogram Accredited eted the Courses or	or Government Graduated?	If Yes, Name of O	rganization t	hat Accredited or	Approved this Nursi	ng Education Program:
(Mark only one):	☐ Yes	☐ No				ipproved diff ivaluation	ng Coucation 1 logiam.
If Yes, Initial Date Nursing Ed Approved:	ucation Program	was Accredited or	If Yes (and renewe	d) , Last Dat	e Nursing Educat	ion was Renewed A	ccredited or Approved:
Month (Jan, Feb, Mar,)	Day	Year	Month (Jan, Feb.	Mar,)	Day	Year	_
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School Official Signature:			Mon	th (Jan, Feb, 1	Mar,)	Day	Year
Print Name of School Official:			Schoo	Official Title	e:		
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